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THE WESTERN JOURNAL OF MEDICINE AND SURGERY:

EDITED BY

LUNSFORD P. YANDELL, M. D.,

PROFESSOR OF PHYSIOLOGY AND PATHOLOGICAL ANATOMY IN THE UNIVERSITY OF LOUISVILLE,

AND

THEODORE S. BELL, M. D.

CXLXVII.—JANUARY, 1853.

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PROPRIETORS AND PRINTERS.

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JANUARY, 1853.

ART. I.—*History of the Medical Department of the University of Louisville: An Introductory Lecture, delivered Nov. 1st*, 1852. By LUNSFORD P. YANDELL, M. D., Professor of Physiology and Pathological Anatomy.

GENTLEMEN:

In behalf of my colleagues, for whom I appear before you, this evening, I bid you welcome to our City and this Institution. We greet you cordially as friends, and tender to you our hospitality and friendly offices. We pledge you our unwearied efforts to render your sojourn in Louisville profitable and agreeable. You have come, many of you, from far, leaving behind you happy homes and loving friends. The absence of these we cannot hope entirely to supply; but the remembrance of what you have given up for the sake of your profession will inspire us with deeper solicitude for your welfare; and we shall labor the more zealously so to inflame your minds with the love of science that this passion may replace, for a season, all repinings towards home. You have a laborious winter before you; you have made choice of a laborious profession. It will be our aim and study to render the toilsome path upon which you have entered a pleasant one; to strew along it, if we may, an occasional flower, or at least bring the light of our enlarged science fully to illuminate it, and conduct you along it so prosperously

and safely, that, in looking back hereafter upon the happy and useful hours of your lives, you shall recall this season as one well spent.

I am to speak to you on this occasion of the Institution in which you are at present assembled. I propose to give you some account of the origin, progress, and present condition of the Medical Department of the University of Louisville. I do not purpose to write its history in detail, nor to pronounce upon it any studied eulogy; but to recite briefly some of the most prominent events in its career; to declare the policy by which it has been guided; and to refer to some of the reasons which, in the opinion of its Trustees and Medical Faculty, entitle it to look to the profession for its sanction and continued support. Such a narrative, I flatter myself, will not be uninteresting to you its pupils; while such a report, now that the school is entering upon its sixteenth session, seems to be due to the citizens of Louisville, whose liberality in endowing it, gives them a claim to know what it has achieved or attempted, and what are its present condition and future prospects.

Of the three professions commonly styled "learned," Medicine alone rests upon observation and experience. Law and Theology are historical and dogmatic. The profound jurist is made by the books of his profession. His business is with precedents and the authorities in law. With him reading is everything, and, other things being equal, his eminence will be in proportion to the extent to which he has stored his mind with legal precepts and decisions. Experience and observation are of great avail in the practice of the law, but they have no part in the education of the lawyer.—So in Theology:—all is founded upon authority. In every question involved in this sublime science, the appeal lies to the Bible. With the Bible alone, the student, possessed of a good mind, and shut up to himself and without aid from any one, might frame a perfect system of theology. His observation,

however varied and accurate, his experience, however deep, would not enable him to enrich or adorn it with any new fact or principle. It must all come from that only source of heavenly light—the volume of revelation.

But with medicine it is otherwise. In our profession, authority is worth but little. We have no traditions or decisions that have the binding force of law—no authorities from which we cannot appeal—no records of infallible wisdom, but the book of nature. Medicine is experimental and demonstrative; it consists of phenomena, which must be seen, scrutinized, and pondered upon. The eye of the naturalist, the laboratory of the chemist, and the knife of the anatomist are all requisite to its advancement. Books are of the last importance to the student of medicine, but books alone could never make a thorough physician; they could never impart a knowledge of the taste of opium, or the color of chlorine;—they could not teach a student how to determine whether a blister had drawn well, or how a patient looked with measles or smallpox. He is obliged to see and observe as well as read. He appeals not to the fathers in medicine for any fact in human anatomy, but repairs to a more infallible source of knowledge; he is content with nothing short of a demonstration.

This, if I am not mistaken, is the principle upon which medical schools have obtained such a currency, and are so much relied upon in the acquirement of a medical education. Students of law and divinity no doubt derive important advantages from the lectures upon which they attend on law and theology, but to the medical student schools of medicine are indispensable. They have had an existence in every age of the healing art. Six hundred years before the Christian era we are told that three were founded by the Asclepiades, and two centuries later Hippocrates gave public instructions in anatomy and the treatment of disease, and labored to disseminate a knowledge of medicine. The great school of Alexandria

was founded three hundred years before the birth of Christ; and it was there that Galen, in the fifth century of its existence, inspected one of the two human skeletons that formed the basis of his book on Anatomy. The progress of these primitive schools was slow; nor was there in those which succeeded them in Europe, at a later day, any principle of vigorous growth. When so many other departments of human knowledge were rapidly advancing, the medical teacher was still contented servilely to copy and communicate what had come down to him from the early Greek and Arabian physicians.

Our country was slow to embark in the medical instruction of her own sons. A century and a half after the colonies were settled the medical students of America were still obliged to repair to the colleges of Europe for the completion of their studies. It was not until the University of Edinburgh had been attracting scores of young American physicians across the sea for forty years, that any serious effort was made to establish a medical school on our continent. This honor belongs to Dr. John Morgan, who, by an address remarkable for its earnest and sound argument, prevailed upon the trustees of the college of Philadelphia to found the institution now represented by the University of Pennsylvania. This first American school of medicine was organized in 1765, while Dr. Franklin presided over the College. Three years afterwards a similar institution was founded in New York, but failed to command the success which has attended the Philadelphia school. A medical faculty was appointed in 1782 to give lectures on the different branches of medicine in Harvard University; and in 1804 Dr. John B. Davidge laid the foundation of the medical school at Baltimore. He had returned a few years previously from the University of Edinburgh, where he formed the resolution, in common with his fellow-students, Dr. Hosack, and Dr. Samuel Brown, of establishing a medical school in his native country. I have heard him relate, that the project

appeared to the students of the old country extremely absurd, and they made great sport of the embryo professors of America. The opening of his enterprise was anything but auspicious; his first class numbered only six, and his second had but one addition to it. The rise of the other early American schools, though not quite so gradual as that of my old preceptor and friend, was by no means rapid when compared with those of our day. It remained for the West fully to develope the activity of such institutions.

The tide of immigration had been pouring into the Valley of the Mississippi for more than thirty years, and the Western States were still without a medical school. Such students as could afford the necessary means resorted to the Atlantic colleges; those who were unable to incur the expense entered upon the practice of their profession without the advantages of public instruction. Kentucky, the pioneer of the new states, took the lead in medical education. With whom the thought of founding a medical college in Lexington first originated, it is perhaps impossible now to ascertain, but as early as 1816 some steps had been taken in that direction. In that year lectures were delivered by Dr. Wm. H. Richardson while yet an under-graduate in medicine. In 1817 he was associated with Dr. Benjamin W. Dudley, Dr. Daniel Drake, Dr. James Blythe, and Dr. James Overton, in the Faculty of the Medical Department of Transylvania University. These gentlemen delivered a course of lectures to a class of twenty students, of whom Dr. W. L. Sutton, the first President of the Kentucky Medical Society, is one of the surviving members. The result of this enterprise does not appear to have been satisfactory; troubles originated in the Faculty, and the school was suspended after a single session.

In the summer of 1819 the Faculty was re-organized, Dr. Charles Caldwell and Dr. Samuel Brown taking the place of Dr. Drake and Dr. Overton, the first of whom

had in the meantime returned to Cincinnati, and the latter had removed to Nashville. Dr. Caldwell brought with him from Philadelphia a high reputation both as a writer and a lecturer. Dr. Brown was a man of showy parts, of varied learning, of fine person, and elegant address. Dr. Dudley had already given promise of that rare surgical skill which has since rendered him so distinguished. Dr. Richardson had the reputation of being a successful practitioner of obstetrics, and was recommended by cordial and popular manners. Dr. Blythe, the professor of Chemistry, was a learned Presbyterian clergyman, and his connection with the school was calculated to conciliate that large and influential body of christians.

Under the direction of a Faculty thus constituted it became at once manifest, that the Medical Department of Transylvania University was soon to exhibit an example of prosperity at that time unparalleled in the history of medical schools. Its location had great advantages for the time. Lexington, from its literary eminence, had acquired the title of "*Athens of the West.*" It was the commercial as well as the literary emporium of the Western States. The late Dr. Horace Holley, at that time President of the University, with powers of display seldom equalled, conferred upon the institution a remarkable lustre. The medical school was a new enterprise and had in it all the excitement of novelty and hope. Its Faculty was ardent, zealous, and gifted. It was situated in the midst of a wide country rapidly increasing in population. The first session of the school opened with a class of 37 pupils; its second class numbered 93; its third 138; its fourth, 171. Before the commencement of the fifth session, Dr. Drake, who had made an abortive effort to found a similar institution in Cincinnati, was united to the Faculty, as Professor of Materia Medica. The number of the succeeding class was 200; and that of the sixth, 234. At the end of this session, Dr. Brown resigned the chair of Theory and

Practice of Medicine, to which Dr. Drake was transferred, and Dr. Charles W. Short was elected Professor of Materia Medica and Medical Botany. The ensuing class, in the autumn of 1825, numbered 282 students. The one which followed was not so large, and the next declined to 190. At the termination of this session, Dr. Drake resigned his professorship. In the summer of 1827, Dr. John E. Cooke, who had attracted the attention of the profession by some able papers in the *Medical Recorder*, and by his "Pathology and Therapeutics," the first volume of which had just been published, was invited from Winchester, Virginia, to the chair of Theory and Practice. The number of students the following winter was only 150; but the next session exhibited an increase, and for several years the classes continued steadily to grow. In the spring of 1831, Dr. Blythe resigned the chair of Chemistry, and the writer of this narrative was appointed his successor, with the late Mr. H. Hulbert Eaton as Assistant. Unfortunately for science, this promising young man was cut off after participating in a single course of lectures, dying of pulmonary consumption in the 23d year of his age.

The institution in 1835 was again in a highly flourishing condition. Its classes had risen above 260. To the eye of the common observer all about it gave promise of stability; but appearances were deceptive, and in the midst of such success the conviction was forced upon the minds of the Faculty, that the school had filled up the measure of its usefulness. Lexington, the most eligible site for a medical school when this was organized, was now admitted to be deficient in some of the elements essential to the establishment of a great and enduring institution. With the advancement of medical science in our country it had ceased to be able to satisfy the demands of the profession. It had no hospital, and furnished very precarious and inadequate means for anatomical study. In the

winter of 1835–6 it came to be felt and acknowledged by the Faculty that the department, if it was to be maintained in the position of ascendency which it had enjoyed from the beginning, must be transferred to a situation possessing more advantages than were then afforded by that beautiful city. Louisville suggested itself to the mind of every member as a point combining all the facilities for a medical school, and accordingly in the spring of 1836 it was resolved, with entire unanimity, to attempt to remove it to this place.

When the period for carrying out this resolution arrived, it was ascertained that the measure was impracticable; the professors might remove to Louisville, but the citizens of Lexington and the Trustees of the University would not entertain the proposition to transfer the Medical department. The agitation of the question led to dissentions among the professors, and finally to a dissolution of the Faculty; three of the members, Dr. Dudley, Dr. Richardson, and Dr. Short remaining in Lexington, Dr. Caldwell, Dr. Cooke and myself accepting places in the *Louisville Medical Institute.*

The Medical Institute of Louisville was chartered by the Legislature of Kentucky on the 2d of February, 1833, and various attempts were made without success to put it in operation; at length the citizens becoming interested in the project, a town meeting was held, at which on the 30th of March, 1837, it was resolved that there ought to be a college in the city of Louisville, with *Medical* and *Law Departments*, and that it was expedient that the Mayor and Council should proceed at once to endow the first of these.

The Mayor and Council were prompted by these resolutions of the citizens to grant the square bounded by Eighth and Ninth, and Chestnut and Magazine Streets, t the Managers of the Medical Institute; and they furthe resolved to erect necessary buildings for a Medical schoo

at a cost not to exceed $30,000, and to advance in cash for the purchase of a library, anatomical museum, and the requisite apparatus, an additional sum of $20,000. On the 11th of April the Board met, and accepted the donation of the city. During the summer six professorships were filled, Dr. Miller, who had resigned his chair in order that the Board might be entirly unembarrassed in making their new arrangements, being appointed to the chair of Obstetrics, Dr. Cobb to that of Anatomy, and Dr. Joshua B. Flint to that of Surgery. To Dr. Caldwell, Dr. Cooke and myself were assigned the chairs which we had respectively held in Transylvania University, namely, Institutes of Medicine, Theory and Practice, and Chemistry. Subsequently I was transferred to the chair of Materia Medica and for one season delivered lectures on that branch as well as Chemistry.

The first course of lectures in the Medical Institute was delivered in the upper rooms of the City Work-house, which stood upon the site of our present edifice, to a class of 80 students. The appearance and appointments of the old structure in which we were to commence our labors were unattractive, straitened, and comfortless enough; and now as I look back upon the new enterprise I can see that there were discouragements attending it which might justify the misgivings of many of its friends. The Lexingington school was again fully organized. The citizens were roused by the attempt to transfer to a rival city an institution which had been so long a cherished object of their pride, and were resolved to sustain it. Dr. Eberle, at that day one the most popular authors and teachers in the country, had been induced to leave Cincinnati and accept the chair of Theory and Practice of Medicine. One half of the Faculty which had reared the school and conferred upon it a full share of its reputation, still remained identified with it. It had a widely extended, influential, and devoted corps of *alumni* upon which it could rely, and

it had a name among the medical institutions of the country which the success of nineteen winters had been constantly strengthening and extending.

Such was the School in the face of which the Medical Institute of Louisville was to rise; nor was Transylvania the only powerful rival in its neighborhood. The Ohio Medical College, though crippled by the withdrawal of Dr. Eberle and Dr. Cobb, was again organized, and with many other advantages could boast of a reputation as ancient as that of the sister institution at Lexington. The Cincinnati Medical College was also contending vigorously for the first rank among Western Medical Schools, and when I tell you that Dr. Drake, Dr. Parker, of New York, Dr. McDowell of St. Louis, the late Dr. Harrison, of Cincinnati, and Dr. James B. Rogers, of Philadelphia, Dr. Rives, now of the Ohio Medical College, and my colleague, Dr. Gross, composed its Faculty, you can judge with what chances of success. Not a few of our friends were desponding. It was doubted whether we should have any students at the time we proposed to commence our first course, and some of us were kindly advised to give up the project as hopeless.

But not so thought the Faculty. To their minds it was evident that the enterprise must prosper. It could not be doubted that Louisville, from its geographical position and many other natural advantages, must become the seat of a great medical school, and the citizens had wisely decreed the means necessary to its establishment.

Our first class, I have mentioned, numbered 80 students, of whom 27 received the degree of M. D. in the spring. The class at Lexington numbered 230, which was only about twelve short of the preceding class.

It was a noble effort to found the first medical school in the West. It placed a liberal medical education within the reach of hundreds of meritorious young men who must otherwise have grown old in their profession with-

out its advantages. The Transylvania medical school was a source of substantial blessings to the country. They who founded it and by their labors gave to it its brilliant reputation, were pioneers in medical education, benefactors of their profession and their race, and as such their names will live in the memories of men.

Those who came to establish the medical school at Louisville were also pioneers. They were still bearing forward the light of our beneficent science in the direction in which the "star of empire" has so long held its way. When the steeple which surmounts this edifice was erected, it was the last reared in honor of medicine upon which the sun shone in his journey down the evening sky—the first to greet the traveler coming from the "far west." Now it is one of the old schools; so rapidly do such institutions grow up in our progressive country.

On the 22d of February, 1838, the corner stone of this building was laid with Masonic honors, in presence of a great concourse of citizens, and the second course of lectures was delivered in these rooms. At the close of the first session, it appearing desirable to fill the vacancy in the Faculty by the introduction of Dr. Short, who had again after the dissolution of the Faculty accepted a chair in the Lexington school, I resigned the professorship of Materia Medica and was appointed by the Board of Trustees to the chair of Chemistry. The election of Dr. Short completed the organization of the Institute. A member of the Faculty was commissioned by the Trustees to visit Europe for the purpose of increasing the library, chemical apparatus, anatomical models and preparations, and other materials of illustration for the school. The second session opened under favorable circumstances. The new and splendid edifice presented a strong contrast to the old rooms in which the incipient exercises of the institution were performed; and the fine library and suites of apparatus arrived from Europe

in good season to render the preparation for teaching the several branches complete. The second class numbered 120.

In the summer of 1839, the Cincinnati Medical College suspended operations, and Dr. Drake, its founder, was elected Professor of Clinical Medicine and Pathological Anatomy, in the Medical Institute, a chair created by the Board of Trustees, on the recommendation of the Faculty, for the purpose of securing the services of that experienced and able teacher. It is worthy of remark that although the effect of this innovation was to raise the tuition fees of the Institute above those of all the neighboring schools, it caused no abatement, but rather an increase, in the ratio of its growth. The number of its third class was 205. At the end of this session Dr. Joshua B. Flint retired from the school, and was succeeded in the chair of Surgery by its present incumbent, Dr. Samuel D. Gross.

The class had now grown to be so large that the usual mode of giving clinical instruction—the students following the professors through the wards of the hospital, and catching, as they could, the remarks made at the bedsides of the patients—was found to be ineffectual; and in order that this most important branch of medical teaching might be rendered efficient and useful, the Faculty determined, with the consent of the city council, to erect a clinical theatre adjoining the Marine Hospital. The following course of lectures was delivered to 209 students, and no portion of it was more satisfactory than that which was given in the clinical amphitheatre. The effect of the improvement was felt to be most salutary. The succeeding class numbered 268.

In consequence of the embarrassed state of the country, the number of students declined the ensuing session, and was only 190; but the institution soon recovered from the temporary depression and the following years ex-

hibited a rapid increase. Its sixth class reached 246; its seventh, 290; and its eighth, 347. It was now confessedly ahead of all the neighboring schools, and probably behind none in the country except the two principal schools of Philadelphia.

During the winter of 1843–4, Dr. Cooke, who had retired to a farm in the neighborhood of Louisville, gave notice to the Board of Managers that he should vacate his chair in the spring, a step which his declining health shortly afterwards would have rendered necessary. He was the first of those who had taken part in the organization of the school to resign his seat in it. The peculiar medical theories and practice of this original man have been extensively commented upon, and are known to every one who has read much of American medicine. Whatever may be the judgment of medical men concerning these, there can be among those who have known him intimately but one opinion as to the purity and excellence of his character. However mistaken he may have been in any of his views, no one ever doubted his sincerity. No one ever associated long with him without the conviction that he was a just, upright, and thoroughly honest man. The feeble state of his health has compelled him entirely to abandon his profession, and for several years past he has lived on his farm, in Trimble county, on the banks of the Ohio.

In February, 1845, during its eighth session, the Legislature of Kentucky granted a charter for the *University of Louisville*, of which the Medical Institute was constituted the Medical department. By the provisions of the charter, the Board of Trustees were to be elected by the City Council, and to hold office for a limited period, instead of filling their own vacancies, and continuing in office for life, as under the original charter. The first class that assembled in the Medical department of the University of Louisville numbered 353 Students, and the

second rose to 406. This was in 1847, ten years from the commencement of the enterprise, and I suppose I am safe in saying, that no medical school ever attracted so many students in so short a time. The number, the ensuing session, was 333.

Extensive changes in the Faculty took place after the close of this session. In February, 1849, Dr. Drake signified to the Board of Trustees that he should resign his professorship at the end of the term. Later in the season the chair held by Dr. Caldwell was vacated; and in June, Dr. Short carried into effect a wish which he had long indulged, of retiring from the turmoil which seems to be inseparable from medical schools. These professors were all men experienced, learned, and widely known. Dr. Caldwell was for many years one of the chief ornaments of Transylvania University, and by his energy and industry, his great learning, and his eloquence, had contributed a full share to its rapid rise and wide popularity. He was far more actively concerned than any of his colleagues in procuring from the city of Louisville the noble endowment of the Medical Institute, and his reputation for learning and originality had been of the greatest service to the institution in its earlier years. Dr. Drake was at the height of his popularity, and in the full maturity of his intellect. As a lecturer or writer, he had made himself known to every educated American physician. With an unfailing zeal in his profession, untiring industry, a mind singularly active, vigorous, and comprehensive, and an eloquence which never failed to excite and gratify the interest of his pupils, he would have taken a high rank in any medical school. Dr. Short differed in the character of his mind from both his distinguished colleagues, but possessed qualities which rendered him a most valuable officer. His high scientific attainments, the soundness of his judgment, his dignity and urbanity

of manners, his amiable temper, and blameless life, added character and weight to the institution.

These eminent teachers were succeeded by Dr. Elisha Bartlett, Dr. Lewis Rogers, and Dr. Benjamin Silliman, Jr., the latter in the chair of Chemistry, the Board of Trustees having done me the honor to assign to me the department of Physiology and Pathological Anatomy. The influence of so extensive a revolution was feared by some, but the sequel proved that the institution had become sufficiently established in the confidence of the public to bear the change without loss. The number of the succeeding class was 376—a gain of more than forty upon the one of the previous year, and the largest but one ever attracted to the University.

The prospects of the school were never brighter than they appeared to be at the close of that session. There was not a speck to be descried upon its horizon in any direction. Its faculty was united and harmonious; its pupils had retired to their homes in the most favorable temper; it had been now for several years far in advance of all the western schools;—all the omens were auspicious But before the opening of another collegiate year, the Trustees were called upon to fill two vacancies in the faculty. Dr. Bartlett and Dr. Gross, late in the summer of 1850, resigned their places, and accepted chairs in the University of New York. Dr. Drake was recalled by the Board to the professorship which he had formerly held, and Dr. Gross was succeeded by Dr. Paul F. Eve, of the Georgia Medical College, at Augusta. The number of students the session ensuing was 282.

At the close of his first course of lectures in New York, Dr. Gross returned to Louisville, and Dr. Eve resigned the chair of Surgery in his favor. Dr. Gross was re-elected in 1851, and Dr. Eve, who had generously relinquished a place to which he felt that his friend had stronger claims, was invited to a chair in the medical school about to be

organised at Nashville. The number of the class, as you are aware, was 262.

The friends of the Ohio Medical College, being desirous of reorganizing that institution, prevailed upon Dr. Drake, last spring, to return once more to the chair in that school of which he was the first occupant. Dr. Cobb, who was also for many years one of the ornaments of that institution, was induced to sever his connection with the University and accept the professorship in which he made his debut as a medical instructor. The successors of these distinguished and popular teachers, Dr. Austin Flint, and Dr. Benjamin R. Palmer, are before you this evening.

In reviewing this rapid sketch of the origin and progress of the medical schools of Kentucky, one of the first facts that would impress the mind is, that of the five professors who took part in the first course of lectures, although more than the third of a century has since passed away, all but two still survive; and that of the seven who constituted the two first faculties, more than half are now living. Dr. Brown was the first to pay the debt of nature. He died in Alabama, in 1830. Dr. Blythe followed him in 1841, both having retired from the school long anterior to the period of their death. Dr. Richardson died in September, 1845, while still a professor in Transylvania University. Of the ten individuals who were at different times connected with that institution in the twenty years from 1817 to 1837, all but the three mentioned still live. In the fifteen years during which the Louisville school has been in operation, its Faculty has been the subject of very numerous changes; a dozen chairs have been vacated, from first to last; fourteen persons have held professorships in the school, of whom, up to this hour, not one is numbered with the dead.* These vital statistics, I have

* Four days after these words were pronounced, Dr. Drake, one of the oldest and one of the most distinguished of all those who have partici-

supposed would be interesting to you, and may have some interest for the committee on Hygiene appointed by our State Medical Society. They go far to prove, I think, that medical schools, with all their attendant troubles, labor, and perplexities, are not unfavorable to longevity.

This historical sketch would be incomplete without some reference to the adverse circumstances with which this institution has had to contend. It will strike you, no doubt, as paradoxical but it is nevertheless a serious truth, that one of the difficulties which beset it at a very early period, was its great prosperity. When first established, and while struggling for existence, it had the sympathy and good wishes of all the people of Louisville; but as it grew rapidly, and from being a doubtful enterprise, came to be a most flourishing institution, it began to be urged by some, that the professorships were too remunerative. A plan was accordingly set on foot to limit the receipts of the professors. The idea of taxation was a plausible one, and some of the wisest and most judicious citizens fell in with the project. But in order to effect it, it was necessary to obtain a modification of the charter, for the original Board of Managers was a "close corporation," and the members were opposed to the new scheme. In furtherance of this design, an effort was made to transfer the Institute from this Board to the Board of Trustees of the Louisville College, who were elected by the City Council. The attempt did not succeed, but the project was never abandoned by its authors, and at length the charter for a University having been obtained, it was supposed that under it the measure might be accomplished. But this also failed.

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pated in these schools, died at Cincinnati, in the 68th year of his age. The disease which terminated his useful career was congestion of the brain, brought on, there is reason to believe, by too intense mental application, and the deep solicitude and anxiety for the success of his favorite school, naturally excited by the circumstances under which he had just then become connected with it.

It was ascertained that according to the provisions of this charter the fees of one department could not be taken and applied to the support of professors in another. Finally, a new city charter was framed, and by a clause in this charter the government and property of the University were transferred from the Board of Trustees elected by the city council to a Board to be elected by the people.

The grounds upon which the Trustees resisted taxation I have not time to state at full length, but they were substantially the following: 1st. That the city, in making a *donation* for a University, did not expect any return in the shape of rents on its property. 2dly. That it did not appear to be equitable or just, that the earnings of one set of professors should be appropriated by those in another department. 3dly. That in the progress of medical science and the increasing competition of medical schools, all the receipts of the department would be necessary to keep it in an advanced position, by increasing its library, apparatus, anatomical models and preparations, and the other means of instruction demanded by a medical school. These considerations must be admitted, I think, to possess great weight. As guardians of a public institution in which the city feels a natural pride, they could not consent to any measure which would jeopard its prosperity or impair its usefulness. They felt bound to husband its resources and so to apply its revenues, as to fix it upon a broad and secure foundation. The citizens of Louisville, when they voted the large appropriation, had in view the establishment of a school that should afford to medical students all the advantages claimed by any similar school in the country, and the Board were resolved that, with their consent, these expectations should not be disappointed.

But the agitation to which the proposition to tax the medical professors gave rise, and which has been kept up now for more than twelve years, has been eminently pre-

judicial to the institution. It has had the effect of weakening the attachment of professors to it, by inspiring them with distrust of its stability. Each successive season, as the scheme has been brought up, in some new phase, apprehensions of change were excited. Revolution was continually threatened. The feeling was communicated to the pupils. They heard, in their boarding houses, and read in the daily papers, that the school was in danger, and often left the institution in the spring with strong doubts as to what was to be its fate. Nor were there wanting elsewhere those interested in seeing it decline, who took advantage of these rumors and exaggerated the perils to which it was exposed.

Fortunately this question is approaching its final settlement. The act of the Legislature creating the city charter provided that the constitutionality of the clause relating to the University should be submitted to our courts of law; and the case is now under adjudication. One tribunal has decided against the new charter and in favor of the former organization. The cause has been carried up to the Appellate Court of the Commonwealth where it has been argued, and we shall no doubt have a decision before the close of our term. If confirmatory of the former decision, we may hope that this agitation will cease and determine forever.

Before leaving this subject I wish to say, that no censure is meant to be cast upon those who have so strenuously urged taxation. No doubt, they have been fully persuaded of the policy and justice of that measure; they have believed it to be practicable and proper. To the great mass of its advocates, I am persuaded, nothing has appeared more fair, equitable, or judicious. They are really the friends of the school. They wished it complete and eminent success. But I must be permitted to add, that its worst enemy could hardly have devised a scheme fraught with more mischief than the one proposed. If

he had gone about its ruin, he could not have more successfully compassed it than by those measures which at one time threatened to prevail. That the growth of the school has not been seriously impeded by this agitation so long kept up, only shows how firmly it is rooted in the confidence of the profession.

The contributions of an institution like this to the literature of the profession, form an interesting and imporant part of its history. The University of Louisville, in this respect, will be found, I believe, to compare not disadvantageously with any medical school in our country. The treatise of Dr. Cooke on Pathology and Therapeutics, in two thick octavo volumes, a work certainly of no ordinary ability, was published before the author entered the Louisville school and can hardly, therefore, be included among the books to which the school has given origin; but the great work on the Principal Diseases of the Interior Valley of North America was composed by Dr. Drake while connected with the University. A volume on Human Parturition has been prepared by the Professor of Obstetrics, which has received the highest encomiums of the medical press at home and abroad. The Professor of Surgery, since he came into the school, has revised a new edition of his elaborate work on Pathological Anatomy, written an original monograph on Wounds of the Intestines, and composed a Treatise on the Urinary Organs, which a leading medical journal of England pronounces the ablest yet written upon the subject. The Professor of Chemistry has prepared a popular text-book, embracing a clear and succinct view of the present state of that science. The Report on Continued Fevers, by the Professor of Theory and Practice, which has hardly yet had time to reach our frontier settlements, is receiving the commendations of all the medical journals, as a work which reflects honor upon the professional literature of our country. A Medical Journal, originated by the school, and conduct-

ed by a member of the Faculty, has been in progress thirteen years, and now extends to twenty-six volumes. I might enlarge upon the influence of these works upon the American profession. It would not be difficult to show that they have contributed some part towards elevating its character and extending its fame; but this is a topic upon which I must not venture.

I ought not to pass by entirely without remark the benefits which the University has conferred upon the City of Louisville. I will not go into an estimate of its pecuniary returns;—these are easily calculated. It need only be stated that large classes have been collected by the school for fifteen years, to render it evident that it has brought much money to the city. If the sum be set down at a hundred thousand dollars a year, then the aggregate amount already received from it is a million and a half. But I pass this by as the lowest and least of the advantages which the city has derived from its establishment. It has given Louisville a name among the cities of the world where science is cultivated. It has extended her intercourse with all the parts of our great interior valley, increasing her commerce, and stimulating the industry and enterprise of her citizens. Added to this, is the humanizing influence of science and letters, which it is impossible to estimate—an influence, like that of the sun, quiet, noiseless, but pervading, vivifying, powerful and lasting. How much the school has done to diffuse among all classes a taste for knowledge and science; how much to elevate and improve the tone of society—to direct the minds of our youth towards noble objects and into pure channels of thought and inquiry, can only be known after the coming of other generations. It is at least safe to say, that in these points the University, thus far, has not come short of the expectations of its founders.

A little more than a century ago medical teaching was nearly all addressed to the ear. It was to listen to the

prelections of Boerhaave that medical students from all parts of the civilized world flocked to Leyden. It was to hear Cullen, and the Monros, and Black, that they repaired in as great numbers, at a later period, to the University of Edinburgh. The lectures of those days were carefully written out by the professors in their closets and read to their pupils. The teacher of anatomy read in the hearing of his class a description of bones and organs, of muscles and blood vessels; and the chemist read an account of the oxygen, and chlorine, and hydrogen, which he kept closely sealed up in his bottles. These descriptions, unaided by experiment or demonstration, the student must retain in his memory. Long, operose formulas and recipes were to be treasured up, and even ponderous volumes learned by heart.

But all this has given way to the method of demonstration—a method in which the eye is addressed as well as the ear, and the memory while taxed by the increasing fund of scientific knowledge, is yet assisted in its severe task by specimens, models, illustrations, and experiments. The desire and purpose of the instructor is now to demonstrate all that is susceptible of demonstration, and art is put in requisition to represent in form and color whatever pertains to the animal body in health or disease. Hospitals enter as an essential element into this system. There must also be abundant facilities for the study of anatomy. Extensive cabinets, embracing the articles of the materia medica; models, illustrative of healthy, morbid, and comparative anatomy; specimens prepared by the anatomist to exhibit organs in their normal condition and as altered by disease—must be provided. The laboratory must not be dwarfed, but should be on a scale corresponding to the advanced state of chemical science, which daily becomes more and more intimately connected with medicine. And to all the rest must be added the library. There must be books for the teacher, and books

for the inquisitive student—not merely the ordinary text-books and systems, but rare monographs, expensive, elaborate treatises, and serials containing the recorded observation and experience of the profession in all countries–works for research to form scholars and authors.

The officers of this institution feel the force of these requirements. They appreciate the responsibility of their position. It has been their endeavor to place the school on a level, in these respects, with the best medical colleges of the day. It is not pretended that all has yet been done that it is desirable to do; but they would have the past accepted as an earnest of what may be accomplished in future by perseverance in the present policy of the institution. The library will be steadily augmented. New models, and apparatus, and specimens will be added, as art multiplies the resources of the teacher. The *Clinic* connected with the University, will add to the opportunities for the study of disease afforded by the Marine Hospital, and with the growth of our city we may soon expect to have opened to us new and better theatres for clinical observation. When, if ever, the school is suffered to stand still, let its halls be deserted. If, in this age of unparalleled progress, it fails to keep pace with the march of science and to render available to its pupils all the discoveries in our benign art, let it be forsaken of its friends. It asks no patronage or public favor, if, on the most rigid scrutiny, its claims are not found equal to those of any of its sister institutions.

We take but a narrow and unworthy view of such an institution when we regard it only in its relations to the present time and our own generation. We have seen merely the beginning of it. It is still in its infancy. The foundation, we believe, is an enduring one. The commencement of a noble library and splendid museums has been made, but their completion is the work of many years, if indeed libraries and museums can be said ever

to be complete. Let us hope that the school, thus richly furnished and endowed, will endure and continue to grow, proving a benefit and an honor to our country in ages yet to come. Hither may repair the medical scholar, to pursue his researches amid the accumulated treasures of the medical minds of all nations and times. The zoologist may come here to study, in our forming cabinet of natural history, the fauna of our region, and the botanist to look into its teeming and beautiful flora. Our collection of organic remains will attract hither the paleontologist of other countries, to inquire into the forms, and structure, and habits of those strange by-gone creations which were once the only tenants of the region where we dwell, and whose bodies are now hardened into stone. Students of medicine from every quarter of the Republic will assemble annually within these walls, to avail themselves of the increasing stores of knowledge afforded by the institution; and some of you after the lapse of half a century, it may be, will listen with satisfaction and pride to your ardent pupils telling on their return home from the University, of the great improvements in the healing art taught and illustrated in the halls of your *alma mater*. Some of these, may we not hope, will be made by you? and thus shall we give to the world the best proof of our ability to teach by sending forth alumni to become discoverers in the profession.

ART. II.—*A Case of Infanticide.* By W. L. SUTTON, M. D. of Georgetown, Ky.

As Medical Jurisprudence has engaged but little attention among physicians in the West, I think proper to lay the following case before them.

I was required by the Coroner of Scott county to attend and aid the jury of inquest, to be held upon the body of an infant found dead at the house of P. Willging in

Georgetown. We found a black female child 19 inches long, weighing 7 pounds averdupois, having the unctuous matter usually found upon newly born babes. From the top of the head to the umbilicus measured 11 inches—from umbilicus to soles of the feet 8 inches. Umbilical cord torn off 7 inches from navel. Hair and nails well developed. *Chest* well expanded. No signs of injury externally. Upon cutting the skin and cellular membrane the blood flowed. *Heart* not entirely covered by the lungs, but nearly so. Lungs, pale pink color; presence of air in them readily detected by pressure; being cut into, blood followed the knife. Being taken out and put into water, with the heart attached, they floated buoyantly.

Weight of lungs and heart - -	1097 grs.	Troy	Weight of heart and lungs to body -	1 to 41.61
" of lungs alone	770.5 "	"	" of heart and lungs alone to body	1 to 149.9-
" of heart alone	326.5 "	"	" of lungs alone to body	1 to 62.2-
			" of heart to lungs	1 to 2.36-

Bladder contracted. On each side of the sagittal suture, where it extends into the os frontis, were numerous points of extravasated blood. Brain uninjured. In handling the child, a fluid, stained with feces, was observed in the mouth.

Sept. 23. It was in evidence before the court of inquiry, it was proved, that Susan, the supposed mother, had always denied that she was pregnant. After delivery she denied that any delivery had occurred.

The child was found lying on the right side, face inclining downwards, in the vault of a privy, about half covered with water; little or no blood about it. The vault about 18 inches deep from the seat. The floor of the privy had been washed before the witness arrived, but was said to have contained a great deal of blood.

Matilda, a negro woman, testified that she took the child from the privy. Knew that the child was Susan's, because she took the afterbirth from her. Susan subse-

quently acknowledged the birth of the child, but said it took place whilst she was sitting on the hole in the privy. Susan was committed for further trial; bailed, and then sent down the river.

I have thought proper to report this case, among other reasons, because a highly respectable attorney gave it as his opinion that the testimony did not warrant the commitment. The Commonwealth's attorney also, at the ensuing term of court, discouraged the finding of a true bill by the Grand Jury. To be sure the woman was then beyond the bounds of this commonwealth—but her surety was not.

The first remark which I shall make is that the general appearance of the child warranted the belief that it was born at full term,—the length, weight, and developement of the hair and nails; yet the navel was full an inch and a half below the middle of the body—contrary to the rule laid down by Prof. Dewees. The proportional weight between the heart and lungs separately and together, and that of the body—also of that of the heart to the lungs lead to no conclusion worth notice.

I paid no attention to the foramen ovale—the ductus arteriosus or ductus venosus—because the recency of birth precluded the idea of any appreciable change having taken place.

But the question is, was this a case of infanticide. As the birth had unquestionably occurred within a very few hours, and as the lungs were fully inflated, there is no reason to doubt that the child was born alive. It would seem also that it had made several inspirations. I come to this conclusion because the thorax was well arched. Upon opening it, the lungs were found fully inflated almost covering the heart with its pericardium, the edges of all the lobes of the lungs well rounded. The lungs themselves with the heart attached may be said to have floated upon the water, more properly than in it. Blood flowed

from the lungs when incised. The bladder was empty. There were spots of extravasation over the os frontis near the anterior fontanelle. I know that it is said that respiration is said to have taken place before the entire body is born. Such occurrences are however rare. It is doubtful whether the perfect inflation of the lungs, which existed in this case, could have taken place while the thorax was compressed by the outlet of the pelvis. The extravasations over the os frontis may, it is true, be supposed to have occurred after the death of the child, still they are more likely to have occurred before. But I do not know that the bladder has been found empty in any case where the child expired before delivery.

Did the child die from violence? The evidence upon this point is of two kinds, moral and circumstantial. Susan had constantly denied being pregnant—when seized with labor pains, she gave no notice; and after delivery, still denied the fact, and only admitted it after the placenta had been expelled.

It was in evidence that there was a great deal of blood upon the floor of the privy—that there was little or no blood in the vault of the privy. Here, a caution may be suggested, both as to the degree of blood upon the floor and as to the cause. Some persons use such terms as 'a great deal,' 'very little,' &c., quite loosely. But in this case, being used by the same person, they may be presumed to be used in ordinary relation to each other. This blood must have been discharged from the mother; and may have followed immediately upon the birth of the child; or if the child was indeed born whilst the mother was sitting on the seat of the privy, it may have escaped after she arose and was standing, considering what was to be done. It is to be regretted that the blood was hastily washed off without any observations having been made which would throw light upon the subject. Again, the vault of the privy though shallow was dark, and a candle was used in the

search. Still the amount of blood about the child may not have been very correctly noted. It is to be remarked however, that the body of the child was not bloody. No record was made of the fact, but my recollection is, that there was no blood on the surface except on the scalp.

What caused the ecchymosis over the frontal bone? It could not have been occasioned, I should think, by falling on the feces and fluids of the vault. It might and probably was caused by falling upon the floor of the privy, from a greater or less height. The situation of the injury, it will be remarked is different from that considered usual from such falls, which is on one or both parietal bones. Could the complete inflation of the lungs have taken place whilst passing from the woman sitting on the seat to the place of deposit? I think not. I must acknowledge that my opinion is, that the child was born on the floor of the privy, and was thrown alive into the sink, where it perished by strangulation.

I am by no means satisfied with what I consider the indifference for human life manifested by the officers of the law in this case. Neither am I satisfied with the exposition of the law as reported in some similar cases, in Europe and America. I doubt the correctness of that exposition, as regards both justice and humanity. In the cases of *Rex. vs. Poulton: Same vs. Simpson: Rex vs. Sillis*, it was decided that the child must be wholly born from the mother alive, when violence was offered to it to justify a conviction for child murder; and Mr. Baron Parke thus charged the Grand Jury, at the Herts Lent Assizes in 1841: 'with respect to all these cases (of infanticide) there is a degree of doubt whether the infant has been *born* alive. The law requires that this should be *clearly proved* and that the whole body of the child should have come from the body of the parent. If it should appear that death was caused *during delivery*, then you will find a true bill.'—*Taylor's Med. Jur.* p. 377. In *Am. Jur. Med. Sciences*

vol. 17, p. 327 is a case reported by Dr. C. A. Lee of N. Y., in which the decision was rendered in conformity with the principle above quoted, with the marked approbation of the author—certainly high authority. With all respect however, I must enter my protest against the correctness of the Doctor's conclusions.

Whilst I should be exceedingly sorry to see a woman condemned for infanticide upon uncertain or insufficient evidence, and whilst I should cordially admit that a woman accused of infanticide, should be judged by the same rules and principles which are applied to others accused of murder, yet I do not see that those rules and principles should be made more lax and indefinite. Neither do I see any propriety for continuing a law upon the statute book which can never be enforced. Let us look at the matter. In the first place, the medical presumption and the legal presumption in the case are diametrically opposite. The former presumes a child born after seven months to be alive (*Taylor's Med. Jur.* p. 353.) The latter presumes it to be dead: and that too, although it may be proved beyond controversy, that only a very few moments before it was *entirely delivered*, it was alive. Dr. Lee defends the decision in the case above reported, on three grounds: 1st, The probability that the child had both breathed and died before it was born. He adduces a number of instances to prove that children had breathed before delivery was complete; and one from Baudeloque, in which the mouth of the child presenting at the os uteri, it cried before the head left the uterus. Of this last, Beck (*Med. Jur.* v. 1, p. 381) gives two additional cases. Of the very few cases in which respiration took place before the body of the child was born, a very small proportion indeed died before birth. Whether Baudeloque's case was born alive or dead, I do not know, but both cases quoted by Beck were born alive; one of them 'a full hour after it had cried in the womb.' It is I believe a settled

point, that crying before complete delivery is not a source of *any danger* to the child. When death takes place under such a state, it is from the delay which would have proved fatal without respiration, and at the same time have prevented the birth being secret. Again 'in vagitus uterinus or vaginalis, the lungs receive a very small portion of air; in respiration after protrusion of the head, the lungs may be sometimes moderately well filled; although never, perhaps, possessing all the characteristic properties of those which have fully respired,' (*Taylor*, p. 375.)

2. The insufficiency of the Hydrostatic test. Under this Dr. L. makes two objections: *a.* That children had breathed and yet the lungs, whole, or cut into pieces, sank. This proves only what every medical jurist will readily admit, viz., that a feeble existence may be maintained for a while by an exceeding small portion of the lungs.—That in fact when cut into 'thirty pieces' (*Taylor* p. 366); just as if a man should put a grain of salt into a hogshead of water, and ask a chemist to detect its presence. *b.* That the lungs have been found to float in water when the child had not breathed, and when the lungs were neither putrid, emphysematous nor artificially inflated. He quotes several cases; two from *Bernt*, one from *Osiadel*, and three from *Am. Jour. Med. Science*, v. 8, p. 248. I have not been able to find the cases referred to, I do not find those from Bernt or Osiadel referred to by either Beck or Taylor, though Taylor does not quote Bernt to show that a child may breathe and yet the lung sink. His quotation from American Journal of Medical Sciences, vol. viii, p. 248 is certainly a wrong reference. I am not certain whether one of the cases from Bernt, and the one from Osiadel, are quoted from that work or not, but there is nothing of the kind there. Neither can I find them in that work. In vol. iv p. 248, is an extract from *Ouvrard* in which *Osiander* is quoted, but this only goes to show that the child may breathe and die before it is delivered. As I cannot find the cases so

as to examine them in detail, and as Beck and Taylor do not refer to them, and as it is uncertain whether *Oscadel* is not a misprint for *Osiander*, who, as well as Bernt is quoted by them, I feel authorized in considering them as of no very great authority.

In opposition to this opinion of Dr. L., the elaborate examination of this subject by Beck and Taylor proves that the hydrostatic test is of very great importance in the investigation of infanticide; and also points out what it can, and what it cannot demonstrate. They likewise show that Dr. L's judgment that "In England and Germany the hydrostatic test is no longer considered conclusive. It will not be admitted in British courts, and ought not to be in ours;" is too hasty.

3. That the head of the child was fractured by falling upon the frozen ground, the birth having taken place whilst the woman was standing. That a woman may be delivered standing is not controverted—that a child thus born may have the skull fractured by falling on the floor or frozen ground is also probable. Upon this subject we may quote two extracts from Becks *Med. Jur.* Fifteen infants who had died before birth, but in whom there was no alteration in the bones of the cranium, were raised by the feet so that the head was about 18 inches from the floor, and suffered to fall perpendicularly. In twelve of them there was a longitudinal or angular fracture of one of the parietal bones, and sometimes of both, v. i. 399. "Of 183 sudden births, 155 children were expelled whilst the mothers were in the upright posture, 22 when sitting, and 6 when on the knees. Of the whole number not one child died; no fracture of the bones took place, nor any severe injury. Two only suffered temporary insensibility, and one an external wound with ecchymosis over the right parietal bone. i. p. 406. Dr. L. explains this exemption from injury thus: "It is highly probable that a large proportion of these cases occurred under the observation of the physicians

who made the reports, and serious injury to the child was prevented by their interference. I look upon this supposition as not at all probable; for if the physician was present, he most likely would not have time to interfere. In Am. Jour Med. Sci. new series p. 270 is a case in which the child was suddenly expelled while the mother was standing on the floor. The funis was upturned about four inches from the body—there was no hemorrhage nor was the child at all injured by the fall.

Indeed I look upon the probability of injury to a child born whilst the mother is standing as much less than by falling eighten inches upon a floor or table. In the first place the mother will almost necessarily stoop so as to lessen the distance. Secondly the child is about twenty inches long and until entirely expelled it still affords some considerable resistence to the falling. Thirdly, even when the child is entirely expelled the umblical cord still affords some resistence—such indeed as sometimes to break the cord. These, I apprehend, are the true reasons of exemption from injury in such cases.

It is alleged, and alleged with propriety, that one accused of infanticide should be placed upon the same footing as one accused of homicide. That the same evidence should be required to convict of infanticide as is necessary to convict of homicide. In endeavoring to place the woman accused of infanticide, upon the same footing as for homicide, have we not put her upon other and materially different issues? Let us see. *The Queen v. Hagg.* Child found with a tape tied tightly round the neck. Full grown and healthy, had been alive as respiration had been fully established. The lungs filled the chest—floated on water and crepitated when pressed. From livid appearance of face and neck—congested state of the brain and extravasated blood on the surface, combined with the ligature round the neck, the witnesses were of opinion the child died of strangulation, * * one witness said the

ligature had produced no mark on the neck, whilst others said it was perceptible. The counsel argued that a tape tied so tightly round the neck as to produce death, must have left a mark of which no person could have any doubt. The prisoner was convicted, Taylor 396. But she was convicted because her counsel mistook the ground upon which he ought to have defended her; as the next case proves. *Queen vs. Webster.* The child was full grown and was born alive:—this was inferred from the lungs being completely inflated. A ligature was found round the neck—it had been passed twice round—was very tight and fastened with a knot:—it had caused two deep indentations. The vessels of the brain and scalp were turgid with blood, but there were marks of external violence. Death was caused by strangulation. The judge left it to the jury to say whether they were satisfied that the child was wholly born into the world alive; and if so, whether the prisoner had not knowingly and wilfully destroyed it after it was born. The prisoner was acquitted. *Loco. cit.*

Just here, it may be well to mention decisions upon two points, somewhat different, but nearly allied to the above. In a case, in which the practitioner somehow fractured and otherwise injured the cranium, of which the child died soon after delivery, he was convicted of manslaughter *Id.* 398. In case of *Regina v. Reeves* it was decided that if a child be killed after it is completely delivered, but is still connected with the mother by means of the umbilcal cord, such killing is murder. *Am. Jour. Med. Sciences N. S.* v. 3 p. 246.

In the case reported by Dr. L., above referred to, the accused had always denied being pregnant—after delivery, denied the fact—afterwards acknowledged the birth—stated the child was not bigger than her fist—that she had buried it with a stick in the barn yard. The child was found wrapped in an old bag, behind and partly under the barn. It was a full grown male child—no external signs

of violence except effused blood under the scalp covering the frontal bones—pericraneum separated from the bone—both parietal bones fractured, left in three places, right in one—chest externally arched—lungs described by one physician as collapsed and somewhat spungy—by another as filling the chest—about an inch square was cut from each lung, the pieces floated readily in both warm and cold water—that the injury to head was not inflicted after death—that it must have been done after birth with a stick or hard substance *On cross examination:* The injury of head could not have been produced by mother in attempts at self delivery. Child may be said to be born alive when it is furnished with an organization capable of supporting independent life—could not say that this child was born alive in that sense—the effusion of blood might have been caused by a blow shortly after death. Difficult, but not impossible for a woman to be delivered standing—it was possible the death of the child was occasioned by falling on the frozen ground. *For the prisoner.* There is no difficulty in delivery in the erect posture in quick labor, the woman being in street, this would be most probable—was probably the fact in the present case, as the fractures were in the very place we should expect to find them had they resulted from such an accident. Upon similar cases it may be well to remark the law, as interpreted, makes it utterly impossible to convict any person of infanticide, if that person is defended by counsel of tolerable ingenuity. It takes for granted a combination of facts which though not utterly impossible, it would defy the powers of computation to say how often it may happen. 1. That the woman was delivered suddenly; a thing of very rare occurrence. 2. That she was delivered standing; a thing, if any difference, still more rare. 3. That the child had breathed before it was completley born; another great rarity—in a practice of thirty-three years, I remember but one instance of it. 4. That after breathing

and before birth is completed, or at any rate before the child reaches the ground, it has breathed sufficiently to inflate the lungs completely. 5. That the fall causes extensive fractures of the parietal bones. The almost impossible union of these 4 or 5 possibilities, some of which are incompatible with others, speedy birth, with death from imperfect respiration before birth, as also the full inflation of the lungs and death from same case, we are gravely asked to convert into a reasonable doubt of the prisoner's guilt!

But how stands the case of suspected homicide? Two men are known to have been near to each other upon an unfrequented spot; after which one disappears; the other is known to have reason, real or imaginary, to wish him out of the way. Upon being questioned, denies having seen him. Presently the missing man is found near the spot where they are known to have met, with marks of violence upon him, which could readily have been made by an instrument known to belong to the survivor. Will it avail the accused to say the commonwealth must prove that the deceased was actually alive when I got to him. I admit now that I did see him, but he was dead—my hostility to him was such that I mutilated his body after death? Yet this would be fully as reasonable as the decision in cases of infanticide. But take a real case. Videto, under the plea of having seen Indians about the house, borrowed a pistol and two guns. On the 1st of February, Mrs. Mosely lying in bed in the same room, about a yard from that occupied by Videto, with a curtain between, was shot in her sleep; of which wound she died in two hours. Videto stated that whilst he was watching, somebody thrust a gun in at the window suddenly and discharged it at Mrs. Mosely—that immediately he fired out at the window. The window was at the head of the bed, the ball entered the back near the hip, and came out near the left breast. Videto was convicted and executed. *Beck.* v. 2, p. 71.

Was his story any more unlikely than that a woman should tie a tape twice round the neck of her child after it had breathed and before it was born?

It may be blindness in me, but I must acknowledge my inability to perceive the propriety or the humanity of that law which permits a half born child to be killed with impunity, which in fact, considers such killing no crime: or the consistency of that law with one, which declares that injuring a child thus situated, in such manner as to cause its death soon after delivery, as highly criminal; (here killing is no crime, but maiming is a grievous one,) or indeed, that which considers killing, when the child is born, but still attached to the mother by the umbilical cord, as murder. It occasionally happens that the debility of the child requires the cord to be kept entire for a short time. In a case of this kind, the child not being able to support an independent existence, killing is no murder. We have to act only upon the recognized principle, and presume *every child* to be incapable of supporting an independent existence,* until the contrary is *clearly proved*, and the last remnant, (if indeed there is any remnant,) of a protection of the child's life is taken away.

In our solicitude to protect the rights and life of the mother, we have entirely lost sight of those of the child. It is to be hoped, that this whole matter will be speedily revised by our legislatures, and principles established, more consonant with justice, humanity and common sense.

In conclusion, I may make a remark, that as any physician may at any moment be required to attend a coroner's inquest and testify as to the causes of death, how many of us are prepared to determine at a moment's notice, the great variety of questions which may arise on the occa-

* [Note.] This is no more repugnant to reason than that a child of common size whose lungs have been perfectly inflated and having marks of violence upon it was *born* dead.

sion? How many of us are qualified when thus suddenly called on, so to discharge our duty as to screen the innocent from a cruel and unjust suspicion, and so to develop circumstances as to direct attention to the guilty, though in fancied security? We should be on our guard too, that whilst we admit the possibility of a fact, it be so done that an expert counsel shall not make the impression that the fact is of every day's occurence. My own opinion is, that some one physician should be designated in each county, whose duty it should be to qualify himself in an especial manner for this duty, and who should in all cases be called on.

I sat down to give the facts of the case of the negro woman Susan; and find I have written almost an essay on infanticide, law, and divers other things. If, however, I shall excite a few to look more carefully into the subject of Medical Jurisprudence I shall not have lost my labor.

GEORGETOWN, Nov. 15, 1852.

ART. III.—*A Case of Ovariotomy.* By S. D. GROSS, M. D., Professor of Surgery in the University of Louisville.

It has been justly observed, by an eminent writer, that the publication of unsuccessful cases is often more edifying and useful than that of favorable ones; because they serve as beacon lights to guide and direct the practitioner in his future movements. Although the subjoined instance exhibits no novelty, or peculiarity, in any of its features, and although every thing was done, apparently, that could be done, to save the patient, yet the details will not, it is believed, prove altogether uninteresting or uninstructive. It is proper to state that I had the kind advice, both at the operation and during the after treatment, of my friend, Dr. Joseph Knight, and of my colleague Professor Miller,

the latter of whom, in particular, rendered me most valuable assistance during the excision of the tumor. My acknowledgments are also due to Dr. Chencweth, Dr. Thomson, Dr. Henry, Dr. William H. Miller, and Professor Rogers.

Miss D., the subject of this case, was twenty-two years of age, rather tall and slender, and of nervo-sanguineous temperament. Her general health had always been pretty good until within a short time of the operation which I am about to describe; she had menstruated regularly since her fifteenth year, and had never suffered materially from derangement of her digestive organs. In the winter of 1848, she first perceived a small tumor in the lower part of her abdomen, free from pain and tenderness, perfectly movable and inclining somewhat more to the right side than to the left. This continued steadily to increase in size, at first gradually, and afterwards rather rapidly, until the following autumn, when it was so large as to cause serious inconvenience by its weight and bulk, as well as by its pressure upon the diaphragm and abdominal viscera. I saw Miss D. for the first time on the 11th of May, 1849, along with Dr. Knight and Professor Miller. Her general health was still good although she was considerably emaciated; but the abdomen was greatly distended by a tumor, which, upon examination, was found to be partly fluid and partly solid, smooth and uniform upon the surface, and entirely devoid of pain and tenderness. The uterus appeared to be perfectly sound, even the menstrual function had never been seriously deranged. But little was done in the way of constitutional treatment. On the 5th of June, with the concurrence of Dr. Knight and Dr. Miller, I introduced a trocar into the swelling and drew off three gallons of a thick, ropy, drab colored fluid, readily coagulated by heat, alcohol, and acids. The paracentisis was followed by great relief; but as the fluid soon began again to accumulate, it was thought best to advise

the excision of the tumor, as the only chance of effecting a permanent cure. The patient promptly and cheerfully assented to our decision.

The operation was performed on the 19th of June. The bladder and bowels having been previously emptied, the patient was placed upon a table, and put fully under the influence of chloroform. The incision was made along the linea alba, and extended from near the pubes to three inches above the umbilicus, being at least one foot in length. The tumor being thus completely exposed, was found to be very red and vascular upon its surface, and to adhere all around, inferiorly, by bands of false membrane, which, however, were easily detached by the hand. The pedicle was quite narrow, and, after being surrounded by a stout ligature, it was divided and the morbid growth lifted from its bed. Although the ligature had been tied with great firmness, it immediately slipped off after the part was cut, thus rendering it necessary to apply another. Previously, however, to doing this a large artery included in the pedicle, and bleeding freely, was secured separately, lest the large ligature might come off again, and thus lead to serious, if not fatal hemorrhage. A fasciculus of false membrane, on the left side, appearing to bleed, was treated in a similar manner. The blood being now carefully removed from the peritoneal cavity, the ligatures were brought out at the inferior angle of the wound, the edges of which were next approximated by nine twisted sutures, the needles being carried through the muscular fibres, about an inch and a quarter from each other. Strips of ising-glass plaster were now placed in the intervals between the needles, and a narrow and rather thick compress was stretched along each side of the wound; the whole being supported by a broad bandage, passed round the abdomen and upper part of the thighs. The patient, pale, considerably exhausted, and in great pain,

was put to bed, and took immediately one grain of morphia, followed by half a grain more in two hours.

The operation was performed at 11 o'clock in the morning, and at 4 o'clock in the afternoon I found my patient quite comfortable. She had slept a little, and was nearly free from pain; the skin was moist, the extremities warm, and the pulse soft and one hundred and twenty in the minute. She had vomited once soon after the operation, probably in consequence of having drunk too much water.

On the morning of the 20th, I learned that the patient had slept well nearly all night; she had urinated without difficulty; the abdomen was free from pain and distention; she could lie equally well on her back and sides. In the evening, the abdomen was slightly tumid and somewhat tender on pressure, the countenance was a little flushed, and the pulse was about 120. Half a grain of morphia was ordered to be taken at bed time.

On the 21st there was some tympanitis, but in other respects the patient was doing well. She had again passed a good night, had considerable appetite, and was free from abdominal tenderness.

On the 22d, an enema of half an ounce of castor-oil and a pint of flaxseed tea was ordered, and this was succeeded during the day by a slight fecal discharge, accompanied by a considerable quantity of flatus.

From this time on everything progressed favorably. On the 26th she took a mild vegetable pill, which was followed by two small alvine evacuations; on the 27th, eight days after the operation, I removed the four upper needles, the rest being allowed to remain until the next morning. The wound, which was now supported merely by broad adhesive strips, had united entirely by the first intention, except at the sutures, where slight ulceration had commenced; the bowels moved spontaneously; and everything promised a happy issue.

On the 2d of July, menstruation set in, and continued

until the 4th, when it ceased. The patient at this time looked pale and feeble, she was accordingly directed to take quinine and brandy, in moderate quantities. Under this treatment, together with the aid of a light but nutritious diet, and good nursing, she went on well until about the 8th of July, when in consequence, apparently, of exposure to damp and heavy draughts of air, occasioned by a change in the weather, she was seized with a severe chill, followed by excessive prostration. Means were immediately resorted to for producing reaction, but several hours elapsed before she completely rallied, and she was never well afterwards. It was but too evident that peritonitis was going on, and that, notwithstanding the use of blisters and appropriate internal remedies, the case must terminate fatally. Miss D. lingered until the 17th of July, at 4 o'clock, when she expired.

The dissection made twelve hours after death, was conducted by my friend, Dr. T. G. Richardson, who has kindly furnished me the following account of it. There was no external sign of putrefaction; the body was greatly emaciated; the abdomen was tense and tympanitic, with a sense of obscure fluctuation, and upon puncturing it, a considerable amount of gas issued from it. The walls of the abdomen were so closely adherent to the viscera as to be dissected off with difficulty; and the parietal portion of the peritoneum, greatly thickened throughout its whole extent, was firmly attached to the omentum, liver, spleen and intestines, which were so completely buried in lymph as to be hardly distinguishable from each other. Owing to the peculiar manner in which the viscera were united to each other, the peritoneal cavity was divided into three distinct compartments, namely, two lateral and abdominal, and one pelvic, the former containing each about half a gallon of turbid serum, mixed with shreds and cakes of lymph, and the latter about a pint of sero purulent matter.

The internal extremity of the ligature which had been

cast round the pedicle of the tumor lay loose in the pelvic cavity, but so completely were the organs concealed by the inflammatory deposits that it was impossible to discover the point where it had been attached. The outer extremity was hanging out at the inferior angle of the wound, where it had effectually resisted the various attempts that had been made to separate it. The left ovary, with difficulty found, was somewhat softened, but in other respects perfectly natural. The uterus, with the exception of a little congestion of its lining membrane, was also unchanged.

The internal surface of the stomach and bowels, and the substance of the liver and spleen presented nothing of a pathological character. The bladder also was sound.

It will thus be seen that Miss D. died from the effects of peritonitis, the first open and well-marked symptoms of which became apparent only about nine days before death. The probability, however, is, judging from the enormous quantity of lymph that was found at the autopsy, and the matted condition of the abdominal and pelvic viscera, that it was present, in a latent form, at a much earlier stage of the case. Be this as it may, she survived the operation nearly one month, and there was, for the first eighteen days, every reason to believe that the case would have a favorable issue. That the cold which she took at the end of the first week in July exerted a powerful influence in bringing about an unfortunate result, cannot be doubted.

The tumor, after its removal, was found to be of an ovoidal shape, being larger above than below, soft and fluctuating, and of a uniform outline, except at three points, where it was rendered slightly protuberant by the presence of small cysts. It was from ten to twelve inches in length, about eight in breadth, and nearly the same in the antero-posterior diameter. Its weight was about nine pounds. Laid open, it was found to consist of a single

sac, filled with reddish serum and grumous blood, adhering to its surface. Its walls were fully an inch in thickness, and bore a very close resemblance to those of the gravid uterus. The adventitious or accessory cysts, previously mentioned, were attached to the main sac, but did not communicate with it. The largest, situated at the base of the tumor, was of the size of a hen's egg, and was occupied by a substance similar to that of the main bag; while the two smaller were filled with sero-albuminous fluid.

ART. IV.—*Contributions to the History, Diagnosis, and Management of Croup.* By JOHN WARE, M. D., Professor of the Theory and Practice of Medicine in Harvard University.

The following papers on the subject of croup, were originally communicated to the Boston Society for Medical Improvement, and to the Suffolk district Medical Society. The first paper was published several years ago in the New England Medical and Surgical Journal, and it was subsequently reprinted in connection with the other communication in the Boston Medical and Surgical Journal. Circumstances having led to a reperusal of these papers recently, we have been so deeply impressed with the value of the facts therein embodied, and with the important practical bearing of the considerations deduced by the author, that we have determined to reproduce them, for the benefit of our readers, in the pages of this Journal.

The first paper, it will be observed, gives the fruits of the analysis of *one hundred and thirty-one* cases of croup. This paper was prepared ten years since, but the vast superiority of the method of studying diseases by means of the analytical investigation of recorded cases is evidenced by the fact that results thus elicited do not dete-

riorate with the lapse of time. Their value is permanent. A work like that of Louis on Typhoid Fever, for example, is not for one generation only. It has a perennial existence, and will preserve for ages to come its original freshness. We look upon this paper of Dr. Ware as one of the most valuable of the contributions to modern science, and its value is not a whit lessened in consequence of the observations, and the philosophical analysis having been made years ago. The results developed in that paper are of great practical importance. The peculiar character which belongs intrinsically to the true, or membranous form of croup; the inconvertibility of other varieties into this form, and the existence of the special character of the latter from the access of the disease, are pathological deductions, the bearing of which on practice is made manifest in the subsequent papers. Pursuing the logical tendency of these deductions, Dr. Ware was led to a plan of treating membranous croup essentially different from that ordinarily adopted. Is this plan an improvement? Dr. W. submits a few observations in answer to this inquiry. A greater accumulation of facts is desirable. If the measures hitherto very generally employed in managing this disease are not appropriate, they must be pernicious. They are of a character too decided to be innocent if not useful. They cannot be neutral, but are potent either for good or evil. The question then to be decided by future observations is one upon which, it may be, many lives are dependent; and it is consequently a point of no small consequence to determine whether the old method should be adhered to or abandoned.

The relative fatality of membranous, and the other varieties of disease generally embraced under the name of croup, in the collection of cases analyzed by Dr. Ware, will not fail to arrest the attention of the reader. And the practical relations of this point are scarcely less important than those pertaining to the treatment of true croup.

If the presence of the fibrinous exudation is the only dangerous, as it is the characteristic element of true croup; and if cases of what are distinguished by the author as spasmodic, catarrhal and inflammatory croup do not in their progress assume this element, consequently involving little or no danger, the impropriety and danger of the indiscriminate employment of the vigorous measures usually resorted to, are sufficiently apparent. The reflecting reader will ask, is not the employment of depletion, antimony, etc., productive of most serious consequences in many instances in which from the pathological character, and the natural tendency of the disease, active interference is not called for?

With reference to the point just referred to, the importance of diagnostic criteria by which membranous may be discriminated from other forms of disease, is sufficiently obvious. And here the observations submitted by the author are of great practical interest. The frequent coexistence of a fibrinous exudation in the pharynx with membranous croup, and the uniform absence of this complication in the other varieties, have not, so far as we know, been disproved by observations made since the publication of the first paper by Dr. Ware.

Regarding, thus Dr. Ware's contributions to the pathology and natural history of croup as among the most important that have been made within late years to practical medicine, and reflecting honor on American medical literature, it is to be regretted that so little is known of them as appears to be the case. This is probably, in a great measure, owing to the fact that not much pains have been taken to bring the papers to the notice of the profession. They have never, we believe, been published except in a few medical Journals which, of course, have not a very general circulation. It is a mortifying fact, and one hardly excusable, that in a late *American* work on the

Practice of Medicine * no allusion is made to Dr. Ware in connection with the subject of croup—a subject with the literature of which his name ought, and will in all future time, be identified. It is with the desire to aid in making our brethren better acquainted with the following contributions that we have gathered them for publication in this Journal, feeling well assured that they will prove in a high degree acceptable to our readers —*Eds. W. Jour. Med.*

Every physician who has much practical acquaintance with disease, will have observed that there are great differences of character among the cases to which he finds it convenient, in accordance with the custom of medical men, to give the general name of *croup*. He finds that a certain portion of these cases—and by far the larger portion—yield readily to the means which he employs, and very often to the ordinary domestic remedies of mothers and nurses. He has indeed reason to believe that a considerable number of them would spontaneously subside if left to themselves. On the other hand he finds that there are some cases, fortunately but few in proportion to the whole, which exhibit throughout their course, a character of obstinacy that bids defiance to treatment, and which, with few exceptions, pass on to a fatal termination uninfluenced by any remedies he can employ.

Different views may be taken of the nature of these cases. It is believed by some, that the former are not, for the most part, essentially different from the latter; that the difference is more in degree than in kind, or that the difference in the severity and result depends on difference of management, that the favorable character and course of the former, are merely owing to early and judicious treatment, and the fatal event of the latter to the inefficient

* Wood's Practice.

or too tardy application of remedies. A long and I trust a faithful examination of this disease has, however satisfied me that this opinion is not correct. I have been led to believe that there is an original and essential difference in these cases; that those of the first kind are pathologically different from the second; that the former, even if they terminate fatally, which happens in some rare instances, do not terminate in the same way, or at least do not exhibit the same morbid conditions; and that no variety or deficiency of treatment will cause a case of the one kind to assume the character of the other.

I do not, however, mean to imply, that all the cases to which I refer, are capable of being classed under two varieties. Among those which I have characterized as the more mild and tractable sort, we still find great differences in the mode of attack, course, and mode of termination, and also in the degree in which they appear to be influenced by remedies. The object of this paper is to endeavor to contribute something towards determining the nature and extent of the distinctions referred to. With this view I have made an examination of all the cases of croup of every kind which have occurred during the last twelve and a half years, in my own practice, and of this examination I now submit the results. Upon certain points relating to the severer form of the disease, I have included the examination of a number of other cases, extending over a period of twenty five years, witnessed partly in my own practice, partly at dissections, and partly in consultations.

It should be first observed, that, in noting cases in order to this inquiry, I have set down as croup, all those which in the common language of the profession are included under this name—viz., all those which, at any stage of their progress, present a fair question of diagnosis; all those in which is heard that shrill, sharp, ringing cough,

which is regarded as the cough of croup, accompanied by a distinct embarrassment of respiration, however, slight, and by some affection of the voice. It follows of course, that many very slight cases must have been included among those on which these remarks are founded—cases which yielded or subsided almost at once. Yet it is right that these should form part of the materials of our examination. When we are in search of means of diagnosis, our attention should be directed to all those cases which have, at any period of their progress, exhibited symptoms that give rise to a well-grounded suspicion of their character. Although many cases which excite the apprehension of severe croup on their first attack, pass away very readily, and by their result show themselves to have been of very moderate severity; yet, on the other hand, it is to be recollected, that many cases which at last terminate fatally, do not, at their beginning, exhibit symptoms, at all more severe, or excite apprehensions at all more serious, than those which have so readily subsided.

Of the cases to which this inquiry relates, that occurred during the period extending from Jan. 1830, to July, 1842, the number is 131. For the convenience of examination, these may be divided into four classes. I do not intend by this arrangement to express the opinion that they constitute four distinct diseases. I would not even be understood to assert positively, with our present amount of knowledge, that they are not different manifestations of the same disease. The purpose now is to speak of them as groups of cases distinguished by certain differences in their symptoms and course, which may or may not be connected with an essential difference in their nature. These classes may be designated, with a view to their probable character and for the purpose of referring to them more intelligibly, by the terms membranous, inflam-

matory, spasmodic and catarrhal. Of the whole number there were:—

	Cases.	Deaths.
Of Membranous Croup.....	22	19
Inflammatory "	18	0
Spasmodic "	35	0
Catarrhal "	56	0
	131	19

In the first class are included those cases in which there is reason to believe that a false membrane has been actually formed, lining the larynx and trachea.

In the second class, those cases in which the symptoms are for the most part, of the same character as in the first, but in which there is reason to believe that no membrane has been formed. The grounds for the opinion formed of the nature of these two classes will be stated subsequently.

The terms applied to the third and fourth classes, require no particular explanation.

The symptoms on which we depend for the diagnosis of croup, relate to the cough, the voice and the respiration.

In the early stage of the first form of croup, the cough is by no means peculiar. In the advanced, it assumes a somewhat different character. In the early period it is sharp, shrill, ringing; it does not vary from that which we hear in the other forms, except perhaps that in some of the less formidable cases it is much louder and more violent at the beginning, than it is in those which prove ultimately more alarming. In the latter period it becomes less loud and ringing, but it is equally sharp—it often becomes almost inaudible, bearing the same relation to a common cough, that a whisper does to the common voice. The cough, then, affords no certain means of distinguishing

this form of croup at that period of it in which the diagnosis would be most valuable.

Of the state of the voice nearly the same remark may be made. In the advanced stage of a case it is sufficiently characteristic. It becomes a sharp and almost inaudible whisper. But early in the disease it is not always affected at all; and if it be, cannot with certainty be distinguished from the hoarse voice of common catarrh.

The condition of the respiration affords us far more important information. In the early period of the disease, however, when we most need means of diagnosis, it is not a symptom which always attracts attention, even from the physician; much less from others who are around the patient. The common description of the breathing in croup, does not apply well to the beginning of the membranous variety. It seems rather taken from cases of a less dangerous kind, in which the breathing is from the first, loud, harsh, suffocative; attended with great efforts, and much loud coughing; creating great alarm, and calling at once for efficient means of relief. But the breathing in membranous croup does not excite attention in the very commencement of the disease. It is comparatively quiet and unobtrusive. Its true character is not at once to be detected, but only by a careful and accurate observation. The patient has not the ordinary aspect of difficult breathing; in fact, the breathing is not difficult at the very first. He probably experiences no distress. There is no real deficiency in the performance of the function, and no obvious embarrassment. There is only a little more effort in drawing in the air, and a little more force exercised in its expulsion whilst the amount of air admitted and expelled is fully equal to the necessities of life. This perhaps would not be noticed on a casual glance at the patient, but will be at once perceived on attending to the muscular movements subservient to the functions, which are—to use an expressive French term—somewhat exalted. It is indicated very

soon, also, by a slight dilatation of the nostrils, and a little whiz or buzz accompanying the passage of air through the rima glottidis. This sound is distinguished either by placing the ear near the mouth of the patient, or by applying the stethescope on the back of the neck, or directly upon the upper part of the larynx.

This at its very beginning is the essential respiration of membranous croup, and it affords far more aid in diagnosis than either the cough or the voice. It is not, however, always found as pure as has been described. It is often mingled with, and obscured by, other sounds. Thus the disease is often attended by paroxysms of irregular and spasmodic breathing, accompanied by violent muscular efforts and great distress, and of course producing other and more obvious sounds than those described. There is often also present in the air passages, either above or below the glottis, a quantity of mucus, giving rise to a constant or occasional rattling, which seems to mask the proper sound of croup. These adventitious sounds, being also as frequently heard in the other forms of croup, are therefore of no service in diagnosis. Generally there are intervals of relief from these superadded symptoms, especially immediately after vomiting or bleeding, but the essential breathing of the disease will be found to be unchanged and unmitigated in these intervals of ease; although the apparent relief may be so considerable as to give rise to strong, but fallacious hopes of recovery.

We occasionally hear, in cases of considerable enlargement of the tonsils, a kind of breathing which closely resembles the early breathing of croup. Usually in such patients the respiration is loud, sonorous, unequal and irregular, but in a few it is quiet, steady, with a muscular effort occasioned by a mechanical obstruction like that in croup. The distinction between them can, however, be readily made, by attending carefully to the seat of the obstruction, which is above the rima glottidis in the one case, and

at it in the other; by the sound of the cough and voice, which are not croupy, and by the fact that the obstruction varies in degree and sometimes vanishes, with change of position.

I have endeavored to describe this respiration as it exists in its slightest appreciable degree, at the earliest period of its manifestation. As the disease advances, it becomes very strongly marked, whilst the condition on which its peculiar character depends, viz., a mechanical narrowing of the orifice through which the air passes, becomes much more obvious.

The muscular effort, in the latter stage, becomes very strong, both in inspiration and expiration. During inspiration, whilst all the muscles concerned in it are in the highest state of activity, the mechanical impediment against which they act, is often strikingly displayed by the falling in of the soft part about the neck and clavicles, at the epigastrium, and between and along the lower edge of the ribs—the air not passing in through the narrowed opening of the glottis so rapidly as the dilation of the chest by the increased muscular effort would render necessary. The expiration is chiefly characterized by the amount of force employed to expel the air. In health the expiration is easy and accompanied by little effort. Where there is no unusual obstruction, the mere tendency to collapse of the lungs would be sufficient for the expulsion of the air, as we see in the dead body; so that the walls of the chest have merely to follow up this contraction, without adding to its force by any muscular effort. But in croup, this is not enough; and we often find that the air is blown out forcibly against the mechanical resistance occasioned by the disease. We find the same strong contraction of the muscles concerned, especially of the abdominal muscles, which is observed when air is blown out forcibly through a narrow passage.

This is the proper breathing of croup; becoming more

and more intense as the disease approaches its termination, till the whole life of the individual seems, as it were, to concentrate itself in this one effort. The patient in this extreme condition seeks, by a multitude of changes of place and position, to find some alleviation of his agony; the cough, and with it the voice, have become nearly extinct; and his inarticulate appeals and beseeching looks for relief to those from whom he is accustomed to look for it, constitute one of the most touching scenes which we are called upon to witness in the practice of medicine. Happily the extreme suffering usually, though not always, subsides towards the close of life, and death takes place at last with comparative ease.

In the advanced stage of croup, the breathing is often modified by circumstances other than the mere mechanical obstruction at the upper part of the larynx. After a certain period the false membrane is in some places separated from its adhesion to the mucous surface, by the secretion of pus. The passage of air to and fro, and the efforts of coughing, detach it partially from its adhesion, and break it up more or less into shreds, which however still adhere at one of their ends. These rugged portions of membrane, mingled with the pus, move up and down the air passages, causing some variety in the sounds and also in the actual difficulty of breathing. Death is sometimes very suddenly produced by a collection of this material into a mass which becomes impacted in, and thus plugs up, either the upper or lower part of the larynx. This at least, from the state in which the parts are found on dissection, would appear to be the mode in which death takes places.

The respiration may also be modified in croup from a congestion or inflammation of the lungs, which occasionally supervenes. The embarrassment of respiration has also sometimes appeared to be increased by an accumulation of air in the lungs, which arises from a deficient bal-

ance between inspiration and expiration. Owing to the greater ease with which we can make extraordinary and continued effort of inspiration than we can of expiration, a greater quantity is admitted than can be readily expelled, before the suffocative feeling of the patient impels him to a new effort for relief.

But although there may be a combination of the respiration of this disease with that produced by other affections of the throat or lungs, yet the respiration of croup is in its nature and character essentially distinct from them. In them the difficulty of breathing and the unusual muscular effort, may arise from a variety of causes, producing great varieties in the modes of dyspnœa; in croup, the one essential condition is the mechanically contracted state of the passage through which the air passes, and all the peculiarities of the dyspnœa proceed from this condition. In one particular, the breathing of asthma resembles that of croup, viz., in the intensity of the effort by which the current of air is made to move in both directions against a mechanical resistance; but the point of the resistance, and consequently the other circumstances of the function prevent the resemblance from extending to other points.

The *first* form of croup, then, is distinguished by the cough, the voice, and by a peculiarity of the respiration which I have attempted to describe, and which for the sake of distinguishing it in this essay, may be called *intense.*

In the cases of the inflammatory croup, which constitute the *second* form of the disease, the condition of the voice, cough and breathing, are precisely the same as in the cases of the first class. There is no certain way by which, so far as these symptoms are concerned, cases of the one kind are to be distinguished from those of the other. The cases enumerated among the second class, were of all degrees of severity, but not one of them was fatal. Cases,

however, of croup which terminated fatally, and in which no membrane was found on dissection, are recorded upon the best authority. To those we shall have occasion to advert hereafter. In addition to the symptoms proceeding from the character of the cough, voice and respiration, I have noted in a few examples of this form of the disease, a tenderness of the larynx on pressure.

As cases of this class are then usually favorable in their termination, whilst those of the first are usually fatal, the diagnosis between them, in the early stages especially, becomes of very great importance, both as regards prognosis and treatment. Of the means by which this distinction may probably be made, and of the grounds for believing these two to be essentially distinct diseases, and not different states or conditions of the same disease, I shall take occasion to speak, after considering the other two classes which have been enumerated.

The *third* includes certain cases which are generally designated as *spasmodic croup*, and sometimes as *spasmodic asthma*. The attack is always sudden, and usually occurs after the subject has been, for some time, asleep. Very often it occurs in the evening, during the first sleep of the child, before its parents have retired to bed; but perhaps as frequently at a later hour of the night, or very early in the morning. The patient wakes in great distress for breath. His inspiration is attended with great effort, it is loud, ringing, shrill, somewhat resembling the hooping inspiration of hooping cough, but louder and more sonorous. The expiration is comparatively quiet and easy. The voice at the same time, is hoarse and broken, and there is a loud, hoarse barking cough which closely resembles that of the preceding kinds, and indeed alone, would not serve as a mark of distinction from them. These cases seem occasionally to arise from indigestion; but more frequently we can trace their occurrence to cold, especially as they have been often preceded for a few

days by symptoms of catarrh. When left to themselves they will usually subside spontaneously, but from their suddenness and violence, they cause great alarm, and call for immediate assistance. They rarely fail to yield to an emetic or venesection, leaving behind them for a longer or shorter period, rarely for more than twenty-four hours, some hoarseness and some degree of the croupy sound of the cough, with a little huskiness or stiffness of breathing. At no period is there any proper *intensity* of respiration.

These cases, from their suddenness, the time of the attack, the great violence of the first symptoms, and the consequent alarm which they create, produce a stronger impression on the minds of common observers, and even of many practitioners, than those of the other kinds. This mode of attack is most closely associated in their minds with the term croup; and it is regarded as tending, if not checked, to terminate in the same state of things with cases of the first class. So far as the cases before us are concerned, however, this never happens, and of the whole number included under this examination, no one proved fatal.

The fourth class includes cases not falling under either of the above, and yet frequently presenting a very close resemblance to them. The subjects usually exhibit at first the symptoms of common catarrh. After a few days, the voice becomes hoarse; the cough becomes croupy, and there is tightness, oppression, and some approach to the croupy sound of respiration; there is, however, no intense or exalted action of the respiratory muscles, and no indication of that mechanical impediment to the current of air which exists at the rima glottidis in the two first forms of the disease. Still the resemblance is sometimes quite close enough to cases of the same forms, in their earlier stage, to occasion some anxiety, and there is also sometimes a sudden attack of dyspnœa, with loud, shrill and sonorous breathing, which imitates the symp-

toms of the third form, and is perhaps to be regarded as an attack of the same kind.

The cases of this form yield gradually, the croupy character wearing off in a few days, and leaving behind simply catarrhal symptoms. I suppose them, from the mode in which they came and go off, to be properly a catarrhal inflammation of the mucous membrane covering the organs of voice. We frequently observe that the catarrhal affection of the same membrane which occurs in the first stage of measles, is accompanied by the same croupy symptoms as those which have been now described—going off with the other catarrhal symptoms. In a few instances the attacks of this form of croup have terminated in severe bronchitis, or in inflammation of the lungs themselves. But among the 56 cases included above, there was no one fatal.

Having thus described these several forms of this disease, and stated in general what seemed to be their nature, the question now arises as to the justice of the distinction which has thus been assumed to exist. Is there any sufficient ground for such a distinction? Are these different cases different diseases? Are not the favorable ones, which constitute so large a proportion of the whole number, similar in their nature to the more severe; but either of less severity in their origin, or else modified and controlled in their course, by the influence of treatment? These questions it is obviously of great importance, to the prognosis and treatment of cases in question, to be able to answer correctly. If we can with regard to a large proportion of them, confidently predict from the outset a a favorable issue, the practitioner and the friends will be saved much unnecessary anxiety, and the patient many annoying and debilitating remedies.

I proceed, therefore, to state the grounds for a belief that the first form of croup is a disease essentially distinct from all others, and that it depends on a peculiar

pathological condition to which they have no tendency. Whether there be any equally marked distinction between the other froms it is not of the same practical importance to determine; and as we have no sufficient materials for a satisfactory inquiry into this question, our attention will be confined to the evidence for the distinct character of the first form.

Every physician is familiar with an affection of the throat, both in adults and children, consisting in an inflammation of the mucous membrane, of that peculiar character which produces the effusion of a layer of coagulable lymph, or false membrane. The connection of this affection of the throat with croup, was long since pointed out; and it is well known to practitioners among us, that this complaint known familiarly, though inaccurately, under the name of "ulcerated sore throat," often accompanies or is followed by croup, and that croup thus connected is peculiarly fatal in its character. This circumstance in the history of croup, was many years since strongly impressed upon my mind by an eminent practitioner in this neighborhood.* I was in consequence led, in all cases of croup, subsequently to this period, to make a careful examination of the fauces, with a view of determining exactly the extent to which this visible affection of the throat was connected with the more important disease.

Two causes prevent the completeness of these observations. We are very apt, in making record of cases, especially of those which appear of a slight degree of severity, to omit the *noting* of negative facts, even when they have been actually the objects of attention. Hence, although I have very rarely failed to examine the fauces in any case of supposed croup, I have often in the lighter cases, and sometimes in the severer, failed to note their condition. The second cause of incompleteness is the

* Dr. William J. Walker.

impossibility in some patients, from their terror and consequent resistance, of getting such a view of the parts as would authorize us to pronounce decidedly what their state is. Notwithstanding these circumstances, the state of the throat has been noticed and recorded in a sufficient number of cases to afford very fair materials for inference.

With a view to this examination, I may include a considerable number of other cases, besides those which constitute the particular subjects of inquiry in this paper, which have been noticed at other times, or in the practice of my friends. Including these cases with the 22 above referred to, I have memoranda, more or less complete, of 39 cases of what I have denominated membranous croup. The state of the fauces was observed and noted in 33, and of these, in 32 a false membrane was present; most frequently and sometimes only on the tonsils, sometimes on other parts also, as the palate, uvula and pharynx. In one case, no such membrane was present; but it was found to exist in the larnyx after death. In 3 of these 33 cases, recovery took place; all the others were fatal. In 14, an examination was made after death, and the usual appearances were found to exist in all of them.

On the other hand, I have memoranda of 109 cases of what I have classed as the other forms of croup, and of these the state of the tonsils and fauces was noted in 45. In no one was there such a condition of the parts as was found to exist in the membranous form. In 3 cases there was indeed a thin, slight exudation on the tonsils, of the color and appearance of starch, like that which is sometimes seen on the edge and surface of the tongue. This I apprehend to be a formation of an entirely different nature from that which exists in the other class of cases. Of the 45, 12 were of second, 11 of the third, and 22 of the fourth class.

From this statement, it seems probable that the appearance of a false membrane upon the tonsils or other visible

part of the throat, in a case of croup, may be regarded as a pretty certain diagnostic sign that it is the membranous form of the disease; and its absence as a pretty certain indication that it is one of the other forms. Still there will be exceptions. There will be cases in which the membrane is formed in the larnyx, although it has not appeared in the throat; and there may be those in which a membrane exists in the throat, unaccompanied by a similar condition of the air passages. Of the former I have recorded one example; of the latter, none. How frequent such exceptions will be, must be determined by more extensive observation. If they are not more frequent than they have been among the cases here recorded, the observation of this symptom will afford a sufficiently safe guide, since of 75 cases in which it was looked for and the result noticed, it failed as a diagnostic sign in but a single instance.

[To be Continued.]

SELECTIONS

FROM

FOREIGN AND HOME MEDICAL JOURNALS.

Hemorrhage from the Extraction of a Tooth. By S. A. Saltonstall, D. D. S., Columbus, Mi.—I wish to communicate, in as few words as possible, the particulars of an extraordinary case of hemorrhage, which followed the extraction of the first bicuspid tooth, on the right side of the upper jaw.

The subject was Mr. B——, of this place, a member of one of our best families, and a young man of superior attainments, and one of whom much of usefulness was anticipated in the future.

I report the case at his own request, as he he has recently returned from New York with the title of M. D.

After removing the tooth and using a pledget of cotton saturated with alcohol and pulverized alum, the bleeding, though profuse at the time of the application, ceased, and the patient left my office. Late in the evening the orifice began to emit a copious discharge of blood, and I was sent for to visit him at his father's residence. I used the cork and cotton, which checked for the time, the flow of blood. The compression was ordered to be continued until the healing process should indicate the safety of removing it. On the second morning about daylight, I was sent for with the word, "mas John gwine to die." I then used the pure nitrate of silver, which afforded only temporary relief. Finding that this would not do, I used sulphuric acid, first protecting the teeth with beeswax; this failed. I then proposed to apply the actual cautery in the usual way, which was objected to by the consulting physician, who argued that upon its removal, it would

bring away with it the coagulum, and only serve to increase the hemorrhage. I began to think that my career as a dental surgeon was to end very speedily. The father of the patient was now considerably alarmed, and said to me, "you must do something." At this moment an idea occurred to me that might probably succeed. I mentioned it, and all concurred that it would certainly do; the young man consented to submit to it. I took a piece of pure silver plate, and cut it in shape to fit between the teeth and cover the lips of the orifice about the eighth of an inch on each side. This was bent to fit the parts, and heated to a white heat, and suddenly applied to the place where it remained for several days. When it was removed, the coagulum came away with it. The orifice was examined, and a very delicate covering, resembling tissue paper, had formed over it.

The success of this operation is mainly attributable to the firmness and presence of mind manifested by the patient. I took my position immediately in front of him, with an instrument bent the right shape to hold the silver, and held it in my left hand; then with an ordinary mouth blow-pipe and a spirit lamp, I applied the heat until the silver was sufficiently hot, while the patient held a napkin firmly over the orifice. At a signal understood by him, he removed the napkin, and I applied the red hot silver, which arrested effectually the hemorrhage.—*Am. Jour. Dental Science.*

Blood Changes in Disease.—A recent elaborate memoir on diseases of the blood. presented to the Academy of Sciences by MM. Becquerel and Rodier, winds up with the following conclusions:

1. In most chronic diseases, or in consequence of various hygienic influences, the three principal elements of the blood, viz: the red particles, the fibrin, and the albumen, may diminish or augment in quantity, separately or conjointly.

2. The red particles diminish in most prolonged chronic diseases, especially in organic diseases of the heart, in Bright's disease, chlorosis, paludal cachexia, hemorrhages, the last period of tuberculosis, the cancerous diathesis;

the globules diminish also when the individual has been insufficiently nourished or exposed to bad hygienic conditions, such as insufficiency of air, want of light, or to humidity.

3. The albumen diminishes in the last stage of heart diseases, great symptomatic anæmia, cancerous diathesis, and when the nourishment is insufficient.

4. The fibrin remains normal, or is sometimes augmented in acute scurvy. In chronic scurvy, and in the symptomatic scorbutic state, which attends some chronic maladies, especially in organic diseases of the heart, it diminishes.

5. In all the above cited cases the water of the blood increases in amount.

6. The diminution of globules is shown especially by decoloration of the skin, palpitation, dyspnœa, systolic murmur at the base of the heart, arterial and venal murmurs.

7. The diminution of albumen produces dropsy; speaking generally, dropsey is the symptom of diminution of albumen.

8. The diminution of fibrin shows itself by cutaneous and mucous hemorrhages.

9. In the symptomatic anæmia of great hemorrhages, of bad nourishment, and of too great catamenial flow, the specific gravity of the blood diminishes, the water augments, the blood globules diminish; the albumen remains normal, or slightly diminishes; the fibrin remains the same.

10. In chlorosis, which is an entirely different disease from anæmia, the blood may be completely normal. When any changes occur, they are in the augmentation of the water, the diminution of the red particles, and the conservation of its normal figure or the augmentation of the fibrin.

11. In acute Bright's disease, the fibrin remains the same, the albumen diminishes; in chronic Bright's disease, the globules and albumen diminish; the fibrin remains normal or diminishes.

12. Most dropsies, called essential, are due to a diminution of the albumen.

13. In heart disease, the blood deteriorates more and more as the disease advances. The changes consist in

simultaneous diminution of the red globules, albumen, and fibrin.

14. In acute scurvy, the blood is not altered; in chronic scurvy the fibrin is diminished, and the globules augmented.

15. Quinine and generous diet are the best treatment for diminution of the albumen; vegetable acids and good diet for diminution of the fibrin; iron for the diminution of the red particles.—*Phil. Med. Jour.*

The Medical Treatment of the late Duke of Wellington.—The Duke of Wellington was supposed to be in his usual health until the morning of the day of his death; how far this opinion may be correct will subsequently appear. He had been engaged until dusk of the preceding evening reading in the report of the Oxford University Commission, and did not suspend his labors until compelled by inability to distinguish the print; having at the time noticed the light on the opposite coast, he observed that it was the "darkness," and not the failure of his sight, which caused the print to "bother" him. He dined heartily shortly afterwards, at seven o'clock, and took for dinner *mock turtle-soup, turbot, venison and pudding.* As was his usual practice, he drank neither wine nor spirit. He retired to bed before ten o'clock, and during the night visited the closet. The appearances found there showed that whilst the functions of the bowels were healthily performed, the Duke, contrary to his habit, must have returned hastily to bed, probably in pain. His Grace's valet, Mr. Kendal, who called him at his usual hour, shortly after six o'clock, observed that his master was not well, and that his breathing seemed oppressed. His Grace not appearing disposed to get up, his attendant, after remaining sometime in the room, left him until half past seven o'clock. Returning at this time he was directed by the Duke to send for "the apothecary." This he (Mr. Kendall) immediately did, and Mr. Hulke, of Deal was in attendance about nine. He found his Grace complaining much of *pain across the chest and at the pit of the stomach. His tongue was furred; he had distressing eructations and his pulse was irregular.* It was intimated by Mr. Hulke, that he would send a

draught, and he recommended that his grace in the meantime should take a little warm tea and toast. Mr. Kendal endeavored shortly afterwards to act on this recommendation, but the Duke seemed unable to swallow the tea. He became sick and threw up a portion of the *venison* which he had taken the evening before. This piece of meat had not been altered in appearance by the process of digestion. A general convulsive attack ensued, of some minutes duration. After the fit the Duke to some extent recovered his consciousness. He laid on his back, his favorite position when in bed, with his hands clasped, and placed at the back of his head, his eyes occasionally following persons in the room. Mr. Hulke was immediately sent for again, and speedily returned, accompanied by Dr. M'Arthur. His Grace had another, but less severe convulsive attack, between eleven and twelve o'clock. Further medical assistance was sought for from London, and telegraphic messages were sent to Dr. Hume, who had long been the medical attendant of the Duke, to Dr. Robert Ferguson a friend of Dr. Hume, and to Dr. Williams, who alone of the three happened to be in town, but who, unfortunately did not arrive until the Duke had for several hours ceased to live. This lamentable event occurred a few minutes before half-past three o'clock.

After the first convulsive attack, the Duke's exhaustion rapidly increased, and his breathing became much embarrassed; he had slight twitchings in one arm, but no paralysis. When an effort was made to give him either medicine or drink, his Grace generally exhibited reluctance to take it, pushed away whatever was offered to him, and showed his usual dislike to be interfered with. The treatment employed consisted of a mustard poultice applied to the pit of the stomach by the valet; a mustard emetic, partially administered, and without action; a dose of calomel and small quantities of stimulants were offered to the patient, but were not swallowed. For some time before his death, his Grace had been removed to a chair, to relieve the difficulty of breathing; but the medical attendants finding that his pulse, already extremely feeble, became in that position, still weaker, his Grace was again restored to the recumbent posture.

Such then appears to have been the progress of the short and fatal illness of the great Duke of Wellington—

an illness that terminated so calmly, that not an expiring movement was observable by the medical attendants.

Let us seek, from this history, to discover the cause of the terrible calamity the nation so deeply laments.

It must, in the first place, be remembered, that the atmosphere of the sea-coast, when at all cold, causes, in the aged, or in debilitated persons, more or less accumulation of blood in the internal organs, and more or less consequent impairment and irregularity of their functions. During some days preceding the 14th of September, the day of the Duke's death, there had been a hot midday sun, a considerable wind, chiefly from the north, and the evenings and nights were cold and chilly. The thermometer, on the night preceding the fatal event, was only six degrees above the freezing point; on the preceding day it had been up to 92°. No precautions were taken to obviate the effects of such a change on the aged and necessarily weak system of the Duke; and the pallor of his countenance observed on the preceding Sunday, showed that this influence was telling on the circulation. The stomach was thus ill prepared to receive a hearty dinner; and the difficulties of that organ were further increased by receiving a considerable quantity of food imperfectly masticated, in consequence of the Duke's loss of teeth. Nor was the process of digestion promoted, or the powers of the stomach and heart invigorated, by the use of stimuli. The stomach therefore contained a mass of undigested food, and became distended with flatus; the functions of the lungs were impeded; the heart's action was disturbed; the nervous system participated in the morbid processes going on; and as a child would have convulsions under similar circumstances, so had the Duke of Wellington, who becoming exhausted by the disturbed and enfeebled condition of his nervous and circulating systems, rapidly sunk and expired. Why or wherefore such an attack should be called "epilepsy," we are at a loss to conceive. The certificate of death, at least as it has appeared in the journals, is not correctly expressed.—*London Lancet.*

Chloroform.—This furnished a topic of much interest in Edinburgh. At breakfast, one morning, Prof. Simpson met me with these tidings from America. "Prof. C., the Boston Journal says that three more cases of death from chloroform have recently occurred in your country." I now asked again if he had met with any untoward results from its use in his own practice—with any thing which had produced in his mind the least doubt as to its entire safety. He said, no—he had not met with any accident from the use of chloroform. I knew Prof. S. introduced chloroform into the practice of midwifery, and of surgery, and that it might be said that such a relation to it would bias his opinions concerning it. I therefore looked for its use elsewhere, in the hands of others. The same answer came. Here were patients undergoing surgical operations; and choloform, in its fullest use, in these, was found to be as safe as elsewhere. It was my privilege to see it used in midwifery, and it was as manageable as any other medicinal agent of real power, in any employment of it. There was one application of it, which seemed to me as much of a test trial as well could be. This was its employment to produce insensibility in painful diseases, and as a means of diagnosis. I say a test or trial use, and for this reason. In the surgical cases which have been fatal under the use of chloroform, it has been employed to produce insensibility as a *preparation* for operations. It has not been when employed in the *midst of operations*, and to *continue* insensibility during the progress of the knife, that it has been fatal, but when used as a *preparation*, and especially in cases of slight surgical interest. It has never been fatal in midwifery, and the explanation is, that in these long-continued cases of suffering such a condition of nervous power is produced as to modify the action of chloroform. But in its use for diagnosis, such condition has probably been but partially produced, and still, in these, chloroform was perfectly safe. It was suggested that the occasional mortality after the use of chloroform may be owing to its impurity. I called, with Prof. Simpson, on Messrs. Duncan, Flockhart & Co., and examined their chloroform, and compared it with other specimens obtained from other chemists and druggists. The process was a very simple one, and though it showed a difference among

kinds, it did not teach on what the difference depended. The process consisted in dropping a little chloroform on the back of the hand, and when the part was dry it was smelled to. No smell remained after the trial with Duncan & Co.'s. A disagreeable odor remained after another specimen was tested in the same way. Now though some impurity may exist in a specimen of chloroform, the question is not settled how far such would affect its medicinal use. I was assured that Duncan's chloroform was in extensive use in Edinburgh, and that no untoward results had marked its employment. Nor had such result, as far as I heard, followed the use of what seemed less pure chloroform. Messrs. Duncan & Co. told me that their weekly orders from London was between one and two hundred pounds of chloroform. Much more must be supplied by other manufacturers, for, as far as learned, this is the principal anæsthetic employed in Great Britain and on the Continent. Supposing impurity to have had no agency in producing the deaths which have followed the use of chloroform, we look to predisposition either of idiosyncrasy, or other, if such exist, and which may involve the same fatal results. The question which arises here is quite as difficult to answer as that which impurity of the article may suggest. In other words we may know as little of one as the other, and the concurrence of both may be as little understood. We must then take the facts as they are, and each decide for himself what his course concerning anæsthetics shall be. I have brought with me a specimen of Edinburgh chloroform. One of our best druggists has examined this, and expressed himself so entirely pleased with it that he means to order one hundred pounds of it from the house of Duncan & Co., in Edinburgh.

It is not my purpose to discuss the question of the comparative advantages and dangers of chloroform and sulphuric ether. I gathered abroad that chloroform is much employed. In England, it has been seriously and strongly condemned by some, while many use it. In Scotland, I did not hear the word *ether* uttered in this connection. With us there is a divided opinion against it. One or two employ chloric ether—a solution of ether in alcohol—a tincture of chloroform, the produce of distillation, and of simple mixture with alcohol, being precisely the same.

Others say that this has its sole power in the chloroform, as the brandy and water dram has its main claim in the brandy; and we have one case narrated, and which occurred here, in which death took place almost immediately after the inhalation of chloric ether. Many here use chloroform altogether, and without any more distrust of its perfectly safe powers than the Faculty in Edinburgh have. By far the greater number use sulphuric ether, and are entirely satisfied with it. It is effectual, say they, and safe. For myself, I mostly use ether. There are cases in which this fails; and it may be when an important operation in midwifery is to be done. In such, I substitute chloroform, and have never had cause to regret its employment. Since I returned from abroad, I have had consultations in difficult labor, and in one half, I have found the attendant using chloroform—in the other, ether; the results were alike excellent in both. The forceps was used in these, in a state of perfect unconsciousness, and both mothers and children have done alike well. There is not on record a case of death after chloroform in midwifery practice, and I have no reason to believe that unrecorded cases have happened. In surgery, deaths have occurred. In these, death has followed the use of chloroform as a *preparation* for the operation. In midwifery, and medicine, its use is very much confined to advanced periods of the labor, or of the disease. In one complication of labor—convulsions—chloroform has acted as no other means known by me have. It has been more successfully used than has any or all other remedies. In my book on etherization in child-birth, p. 307, are ten cases of puerperil convulsions in which anæsthetics were used. Of these, six of the women did well, and three children were born alive. In another table, p. 330, are seven cases of puerperal convulsions, in which etherization was not used. Of these, six women died, and only one child was born alive. Now these are not picked cases. They occurred in the same year as did those in the other table in which etherization by chloroform was used. They are too many to be resolved into coincidences, and my latest observations of puerperal convulsions, furnish new evidence of the safety and importance of the use of chloroform in this disease. The latest trials of it have exceeded in interest the preceding ones.

For in some of these, chloroform has been employed *at the very beginning* of the attack, and before any other means have been used, as bleeding, &c., and with the happiest results. In some of my latest cases, before I saw the patient, most faithful medication had been tried, and where the case seemed utterly hopeless. Chloroform has been curative. My friend, Dr. Crane, of East Boston, will recollect cases of this kind, apparently utterly hopeless, in which the immediate result of its use was permanent suspension of the fits, and rapid recovery. I am very glad of an opportunity to give this direct and strong statement of the whole good agency of chloroform in this fatal malady; and I believe I may recommend it to others on an amount of testimony on which they may rely, without going into the evidence. I will say, that chloroform in these cases has been far more, and immediately useful than has sulphuric ether. I have seen the two tried, fairly tried, and am sure of what I say. In the convulsions of children, chloroform has also been useful. I have tried the old, the stereotyped plan—bleeding, bathing, vomiting, purging—faithfully tried, and have known the fits steadily to go on. Under advice or consultation this treatment has been continued, and in vain. I have known fully the beneficial effects of chloroform in these cases. I have been informed of cases in which chloroform has been used in the *first instance* in fits of children, and of its good effects in such exclusive use of it. In the progress of a case of diseased brain, in a child three or four years old, and in which effusion was believed to exist, convulsion became a most distressing complication. The mother, advanced in pregnancy—looking daily for labor, asked if some means could not be used to diminish such constant and terrible expressions of suffering. *Sulphuric ether* was tried in this case. The convulsions were lessened in frequency, and soon ceased This child recovered. In the use of such an agent as chloroform in such cases, the greatest care should be observed. Sponge should never be used for applying it. *I never saw sponge used abroad.* A bit of cloth, folded on a handkerchief as taken from the drawer, is always used. Very little is poured, or, better, *dropped* upon its centre, and the cloth is always so held as to allow a due mixture of atmospheric air with the chloroform vapor. As soon

as its effects are perceived, the handkerchief is removed. Unless such and all other needed cautions are used, it is not to be wondered at that untoward, even fatal results should be produced.

I have spoken of the use of chloroform in Europe, as I saw it used and heard it spoken of. I have alluded to the general confidence in its safety, and of the questions which now and then arise there concerning this important point in the employment of this active medicinal agent. While writing I have received Rev. Dr. Parker's Report of his Hospital in Canton, China, for 1850 and 1851, and this pamphlet from a distant land has a word concerning chloroform. In 17 surgical operations—9 for stone, and 8 for the removal of tumors, some of enormous size—chloroform was used, producing entire insensibility, and without any untoward occurrence. No such occurrence is alluded to in the pamphlet, which considering its source, is the best evidence that such has not been met with in Canton. I state the grave character of the operations, the length of time required, and but for chloroform, the exquisite suffering. I refer to this especially, because most of the mortality after its use elsewhere has occurred when it has been employed as a *preparation* for the most trifling operations in surgery, when the general health was good, or had not been impaired, nor the nervous impressibility lessened by preceding disease and suffering. I mention this Report, not merely to allude to the important professional facts it contains, but to express my grateful sense of Dr. Parker's kindness in sending it to me. Rev. Dr. Parker is at the head of the Canton Hospital, which in 1850 received 4712 patients, and in 1851, 4103, about one half of which were for diseases of the eye. Dr. Parker treats all cases without fee, whether in or out of the Hospital, and whether poor or rich, and with extraordinary success. He is training native pupils for the same service, and this, too, with encouraging success. In this way he has secured an an interest in his missionary labors which is very striking. The evidence is in the letters of thanks of those he has cured, and which are in this Report. You see how these converts love him, with what deep reverence they allude to the sacred writings which he is unfolding and explaining to them, and you cannot withhold from him your ad-

miration, your interest in the success of his extraordinary labors. The quantity of chloroform used by Dr. Parker, was small, sometimes half a drachm only, at others two or three drachms.

I have stated above what I saw done with chloroform in Edinburgh, and what is recorded of it in Canton, how common its use, and how safe has been its employment in those cities. But it is as well known that death elsewhere has followed its inhalation, in too many cases (between thirty and forty), and too soon after its exhibition to leave any doubt that it was the cause of those deaths. This fact in the history of chloroform has induced many medical men to abandon its use entirely in any of its forms, and has confined its employment by others to few and rare cases.—*Prof. Channing's Professional Reminisences of Foreign Travel.*

Murder Committed by a Patient upon his Medical Adviser.—The list of the fearful casualties to which medical practitioners are exposed is indeed extensive, and much more so than the public dream of. Here is a shocking instance of a surgeon falling a sacrifice to the mental aberration of his patient. The murderer—Paul Neunez—is twenty-six years old, son of the post-master of a village called La Janette, in Belgium, and had for the last two years been under the care of Dr. Leclerq, residing at Hal, a place situated at a short distance off La Janette. Neunez was affected with cerebral disease, and Dr. Leclerq had frequently warned the mother that her son was not right about the head, and that he should be watched. The opinion of the doctor's annoyed the patient very much; he often complained of him, and conceived at last such a hatred of his medical attendant, that he resolved to kill him. He went therefore to Brussels, August 15, where he bought a double-barrelled pistol, which he made the gunsmith load for him with two bullets; he provided himself with powder and some more balls and returned home. On the 6th of September he went to Hal, during the fair, intending to shoot Dr. Leclerq at a public ball, but the latter was prevented from going. The deed was therefore put off; but on the Sunday following, Neunz returned to Hal with the determination of using his pistol at the

door of the church. He inquired of a man living opposite at what time the doctor generally went to mass, and having been told that the latter was not in the habit of going, he said, "So much the worse for him, I must go to his house then." He went straightway, and was admitted by the male servant and Mrs. Leclerq, with whom he conversed freely, whilst waiting to be introduced into the doctor's study. After consulting with his unfortunate medical adviser for a few moments (the latter having received him with great kindness,) Dr. Leclerq proceeded to write a prescription, when Neunez quietly walked up to him, placed the pistol on the victim's left ear, and fired. A slight struggle ensued between the wounded man and his assassin, but the latter covered with blood, soon released himself, and walked out of the house before Mrs. Leclerq or the domestics had time to rush to the study whence the report had proceeded. The murdered man had attempted to follow Neunez, had left his study, and was found lying speechless and covered with blood on the threshold of his dining-room, where he soon expired. The wretched culprit went, after this fearful deed, to an inn apposite Dr. Leclerq's house, and assured the inmates, who were terrified at his being covered with blood, that they need not be alarmed—it was only the blood of that doctor, whom he had just killed; and asked for water to wash himself. When examined by the magistrate, he said that it was himself who had shot Dr. Leclerq, and that he hoped he was dead, as, being now in prison, he could not go and finish him. When the unfortunate wife of his victim was mentioned to him, he said that he was very sorry for her, but that, as he had property, he would will it to her before he was guillotined.—*London Lancet.*

Sudden Rupture of an Ovarian Tumor—peritonitis—recovery. By L. A. DUGAS, M. D. Mrs. D., aged about 42, the mother of thirteen children, had always enjoyed good health until the birth of her last child in March, 1851. Her delivery, although natural, was followed by considerable hemorrhage, and she has ever since felt a fixed pain or soreness in the left iliac region. At the end of a few months a distinct tumor could be

perceived by pressing firmly over the painful region, and this gradually acquired a volume equal to that of a fœtal head. When turning over in bed upon the right side, a sense of dragging would always be experienced to so unpleasant a degree as to prevent her sleeping upon this side. The left lower limb would sometimes be swollen, and often feel benumbed. Sitting upon a very low seat became so uncomfortable, from the pressure of the thighs upon the abdomen, (the patient being corpulent,) that the night-glass for ordinary use was placed in a chair of usual height.

Such was the state of the patient when, on the 5th January last (1852), she was taken with uterine hemhorrhage. She was in the habit of menstruating during lactation, and had done so ever since her last confinement, with the exception of the two last periods, which induced the belief that she was now two months pregnant, and was about to miscarry. The hemhorrhage did not yield to ordinary means, but rapidly increased and became attended with uterine contractions. Ergot was now freely administered—a mole or false conception was expelled; but the loss of blood continued so excessive that fatal exhaustion appeared inevitable. A tampon was introduced and the ergot continued, which arrested the flow, but she remained pulseless, with often recurring syncope, and a cold sweat during ten or twelve hours, notwithstanding the additional free administration of brandy. The hemhorrhage was effectually stayed, and did not return upon the removal of the tampon.

The patient recovered very slowly; the anemia continued very great, and the painful annoyance in the iliac region increased. At the end of a month she was still unable to walk about the house without fatigue, and on the 4th of February was carried down stairs to a room below for a change of scene. General debility and distressing tenderness in the region of the left ovary were now the prominent features of the case. On returning to her bed-chamber in the afternoon of the 4th of February, she inadvertently sat upon a night glass to urinate, instead of using the chair, as heretofore. As she did so, she suddenly felt a most excruciating pain throughout the entire abdomen, swooned, and fell upon the floor. On recovering, she attributed her suffering to intense cramp

colic, and said she felt as if all her intestines were violently constricted or "drawn up." There was no discharge per vaginam. Enemata and warm fomentations were resorted to, and the bowels were evacuated, but without the least relief. I saw her about two hours after the accident: she had not yet been able to have her garments taken off to get in bed, but was lying upon a couch. She felt a "burning, drawing pain" throughout the entire abdomen, which was exceedingly tender to the touch, but not at all tense. Her pulse was frequent, and her respiration short and thoracic. She had thrown up the contents of the stomach, but felt thirsty. The tumor could no longer be recognized by the touch. She thought she had bruised it with her thighs, in sitting upon the vessel to urinate. The fact was evident that she had not only bruised, but actually ruptured the tumor, and that its contents had escaped into the abdominal cavity, inducing peritonitis, which, in her enfeebled condition, could not be otherwise than extremely dangerous. 40 drops of laudanum were immediately administered, and a large blistering plaster applied over the abdomen; the laudato be repeated in two hours, unless relieved.

5th Feb. The blister is well drawn; the tr. opii had to be repeated in the course of the night, and again this morning. Abdomen still very sore and somewhat full; pulse small and very frequent; surface hot and dry; eructations and occasional vomiting; great thirst; breathing short and thoracic; coughing very painful. Ordered, the lateral surfaces of the abdomen, or flanks, to be covered with blistering plasters, and the anodyne to be repeated as often as necessary to mitigate the intensity of the soreness. Bi-carb. soda and lime water, alternately, in small quantities of cold water, for beverage.

6th. Local symptoms about the same, with the exception of a little increase in the volume of the abdomen. General state, better. Continue same treatment.

7th. Abdominal tenderness less marked: passed a comfortable night; nausea relieved; pulse not so frequent. Continue same beverage—take a little chicken broth occasionally.

12th. The peritoneal inflammation gradually subsided, but the abdomen is still tumid. No fever—patient convalescent.

May 1st. Mrs. D. is now in her usual health, but still feels a soreness in the iliac region. No tumor can now be detected. She has menstruated regularly at each period since the attack of hemorrhage, with the exception of that which came on at the time of the rupture.

It will be observed that the details of this case are given with considerable minuteness. This was necessary, in order to convey a correct idea of its nature, and to show the reader the grounds upon which the diagnosis was established. One cannot be too minute in describing cases of such rare occurrence as one in which an ovarian tumor has been ruptured by violence and emptied into the abdominal cavity, without causing death.—*Southern Medical and Surgical Journal.*

Obstruction of the Bowels. Two Cases reported by E. D. Fenner, M. D. Case 1. A few weeks since I was requested by Dr. Moss, of this city, to assist him in the post mortem examination of a mulatto man aged about 35 years, who, after suffering repeated attacks of obstruction of the bowels, accompanied by great pain and stercoraceous vomiting, finally sank and died. He had suffered three attacks within the month previous to death. Dr. M. had attended him in several of them, and only succeeded in relieving him with great difficulty by means of free cupping, the warm bath, and Croton Oil. These means succeeded in opening his bowels in his last attack, but he did not recuperate afterwards. On examination after death, we found a *small piece of bone* lodged in the lower portion of the ileum. It had excited inflammation and *thickening of the intestinal walls* to such extent as to cause an almost impermeable stricture of the canal. Here was the cause of death. The piece of bone was only about *three fourths of an inch in length*, and rather flat. The ends were not sharp, and the only wonder is, that it had not passed without difficulty.

Now let us see how much larger an amount of foreign substance did pass the entire extent of the alimentary canal, till it reached the anus, where it was impeded by the sphincter, and had to be removed mechanically.

Case 2. On the 11th September, 1852, I was called

to see a white female child, aged about two and a half years. I was told that she had diarrhœa with prolapsus of the rectum. No assignable cause was mentioned at the time. About three months previously, I had attended this child for an obstinate attack of diarrhœa, and relieved her entirely.

On this morning, the child did not appear to be much sick. I advised a little Hidrarg. C. Creta, to be followed by a dose of Castor Oil. A few hours afterwards I was sent for, and informed that a piece of cork had been discovered in the child's anus. Upon reaching the patient, I found this to be the case; a large piece of cork was plainly visible. I readily succeeded in removing it with my finger; but this was not all. I continued to take away piece after piece, until I removed *nearly a handful.* The operation gave considerable pain, and caused slight hemorrhage, but I removed all I could reach. I then prescribed a dose of Castor Oil, which produced a copious operation, and gave complete *relief.* A considerable quantity of cork came away some days afterwards. We were then informed by a larger sister of this child, that she had often observed her with cork in her mouth, but did not know that she had swallowed it. Thus it is evident that this large amount of *cork*, some of the pieces as big as the end of my thumb, had been swallowed, and traversed the alimentary canal as low as the anus. There were perhaps a dozen pieces, twice as large as the piece of bone that caused the death of the man first mentioned. The quantity of cork passed completely filled a common match box.—*New Orleans Monthly Register.*

On the Application of Friction, as a remedy for some Diseases of the Joints. Illustrated by Cases.—By Edward William Lowe, M. R. C. S. E. Late House-Surgeon to St. Bartholomew's Hospital. In my first trials of frictions as a remedy for diseased joints, I used it simply with a little flour, to prevent chaffering of the skin. I soon found that I had in it a powerful agent, not only by its curative powers in some cases, but also by the effect of its careless employment in others; for while, by its careful and judicious application in three or four cases, I was

able to restore the joints, I learned some useful lessons by entrusting its use into subordinate and less careful hands, the results here being the induction of attacks of acute inflammation on the previous chronic disease.

My experience fully confirmed my previously-conceived opinion in favor of frictions as a remedy for diseased joints, and I determined on more extended trials for its power.

I had, from a considerable experience, been strongly and favorably impressed with the local application of ung. hydrarg, in diseases either acute or chronic of the join s; and reflection on the subject induced me to believe that a combination of the two means might prove more powerful than either individually.

The two next cases which fell under my care I accordingly rubbed with ung. hydr., in lieu of the simple flour. The benefit was marked; the cure was expedited, and without any general mercurial effect being produced. Knowing the effect of general and equable pressure in aiding the restorative action of diseased parts, and in promoting absorption, I determined on employing its powers also in aiding the object I had in view.

This combination of means has proved a powerful union, satisfactory in the highest degree, as I trust the following cases will prove.

Before, however, I proceed to describe the cases, I will briefly explain the manner of applying the remedy.

The joint having been carefully examined, and considered one fit for the remedy, if painful or tender of pressure, I take it and gently and easily rub it with ung. hyd. for a few minutes, avoiding as much as possible to give pain. Having done this, I wrap a piece of lint around the joint, now covered thickly with the ointment, and then smoothly apply straps of plasters for some distance below to the same distance above the joint, being careful that the sustaining pressure be equable, and at the same time slight. When finished the joint should feel easy, supported rather than pressed, certainly not in any part unduly pressed.

These dressings I allow to remain on four days or a week; they are then removed, and the same process repeated, if the joint will tolerate it, the friction being stronger and longer continued. Thus I go on, removing the dressings; and each time as the joint will bear it, apply-

ing more and more powerful friction, until it is downright hard and quick work for the rubber; and afterwards, each time making the pressure greater and greater, until the strapping can be comfortably borne as tight as it can be put on.

The great art in the application of the remedy being to, at first, so gently rub the joint, and so easily press it with the strapping, that as little pain as possible shall be given. A little pain you will give by the friction; it should, however, be but little, or, as a consequence, the joint will soon become hot, red, more swollen, and painful—in short, acutely inflamed, which condition will, of course, require removal by the appropriate remedies before you can resort to the friction.

If, however, attention be paid to this point, and to the easy application of the strapping, so that, when finished, the joint shall feel comfortable, it will soon become tolerant of increased frictions and tighter pressure, and the result will be, that, in a short time, a joint will bear hard rubbing and tight pressing, which when you first began, was painful even to gentle handling.

The one great caution I give is against a desire to do too much. Be content to advance slowly, and you will do so surely; attempt to push too eagerly forwards, and the chances are you will throw yourself backwards. Never continue the friction if it is painful, or apply the pressure so tightly as to cause pain; then you will find your joint rapidly become tolerant of the friction and pressure.

The strapping I use is emp.-robor., spread on moleskin. I find it more adhesive, and at the same time more supple, than simple adhesive. It should be cut into straps half an inch wide, and should be neatly applied, one a little over-laying the preceding one, so as entirely to cover the joint.

The friction, gradually increased from a little, may at last be made as firmly and quickly as can be done, for the space of half an hour—a longer period is seldom safe.

Towards the latter end of the cases, when the disease was well-nigh mastered, I have usually substituted a stimulating liniment, in lieu of the ung. hydrarg., and have believed that, by so doing, the end I desired was expedited.

Theory of its Action.—It is difficult clearly to prove it. I am inclined, however, to attribute to it the property of

increasing the power of the circulation through the parts, and of stimulating the action of the absorbents; so that, while a more healthy vigour is given to the blood-vessels of the parts, the absorbing vessels at the same time are excited to a stronger action. This may be true, or it may not. It is, perhaps, equally difficult to prove or gainsay it. But, be it true or be it not, the fact of the efficacy of the plan of treatment remains the same.

The action of the local application of mercury is probably, as Mr. Scott long since described, in giving tone to the vessels of the part, without at the same time producing any general mercurial effect. In this respect its action is, I believe, powerful and peculiar—essentially specific.

The pressure, at first, only acts as a means of support to the weakened vessels of the part; in this way acting as powerful auxiliary to the restoration of a healthy action in them. The subsequent pressure, however, which I apply as the joint becomes able to bear it, acts, I believe, as all pressure does, by inducing absorption.

Thus, then, the three means employed are all exerting their energies in one direction; and, while we are observing them, let us not overlook another effect they produce, viz., that of maintaining the diseased parts at a moderate and regular temperature. This is of the utmost importance; for it is, I believe, of itself capable of restoring some joints, while, on the contrary, I feel confident that, without attention to it, none will get well, be the other means used what they may. Mr. Tamplin's remarks on this subject will be borne out by all who have much to do with diseases of the joints. The firmness and stiffness of the strapping while it produces the pressure you desire, acts at the same time as a well-fitted splint, preventing much motion of the joint. The usefulness of this is so evident as to require no comment.—*Canada Med. Jour.*

Surgical Sketches. By Prof. HORNER.—*Wounds Involving Bones.*—When the large cylindrical bones were broken, our resort was, for the most part, amputation; we had but few cases, the result of which encouraged us to attempt the saving of others. Out of many cases of frac-

tured os humeri and os femoris which I saw, a majority of the patients died, or were compelled to submit finally to amputation; there being but few instances of perfect recovery from such accidents. The latter circumstance was partly attributable to the largeness of the English musket balls, which almost always produced an extensively comminuted fracture when they struck a hard bone. Amongst the instances of recovery, where the thigh bone was broken, was that of Lieut Colonel McNiel of the 11th Infantry, and Captain Cilley of the same regiment, and a few privates of other corps.

Col. McNeil was wounded at Bridgewater by a ball which passed through the thigh, somewhat above the patella, and under the tendon of the extensor muscles, breaking in its course some portion of the condyles of the os femoris. The contusion was great. Much inflammation and suppuration followed, but he finally recovered with a joint somewhat stiff. He was a man of vigorous, healthy constitution, and stood more than six feet in height. The probability is that the synovial cavity was not opened; he was attended by another surgeon.

Captain Cilley had his thigh comminuted near the middle by a ball; his attending Surgeon, Dr. Trowbridge,* made four incisions into the thigh, so as to afford room for the discharge of the fragments; they were passed out in a few weeks of inflammation and suppuration, which extended but little beyond the immediate region of injury. A rapid recovery with a useful leg followed, though the length of the latter was reduced three inches.

In the cases of recovery which came under my observation, the thigh bone was broken somewhere in its lower half; this fact corresponds with the testimony of those surgeons who have had the greatest experience in gun shot wounds.† A short time after a gun shot fracture of a large bone, the limb became highly inflamed, and swollen to twice its natural size; sinuses, which opened into the wound, were the almost invariable consequences of this inflammation; after they had existed for a time, the patient's health was destroyed; he became afflicted with

*Boston Med. and Surg. Jour. 1838, p. 341.

†See Thomson's Reports of Military Observations in Belgium.

diarrhœa and hectic fever, which were very frequently fatal.

During the heat of the summer our large amputations were very unsuccessful, so much so, as almost to discourage us from performing them; many of the recent stumps mortified; in others that did not, the patient gradually sank into the arms of death. In the latter I observed there was great retraction of the muscles, and frequently the periosteum separated from the bone, for a considerable distance up. Mortification of the extremities from gun shot wounds, was very common at this period; a variety of tonic and other means were adopted to arrest its progress, and amongst the latter amputation;* nothing succeeded.

Wounds attended with much discharge were frequently infested with maggots, the ova of which were deposited by flies (Musca carnaria) in the bed clothes and dressings. This accident will probably be attributed to negligence, but the most diligent attention from nurses could not prevent it. It was a most serious evil, and frequently involved the life of the patient from the irritation produced.†

It was marvellous to see how deeply these animalcules would work their way into wounds, producing in some instances, as complete a dissection of the muscles, as if it had been performed by the knife. I learned on this occasion from a common soldier that the expressed juice of the elder bark, (Sambucus nigra,) sprinkled on the dressing and bed of the patient, would keep the flies away; and on trial I found it to be so. The suggestion was made in the case of a gallant artilleryman from Virginia, John Horton, in Captain Ritchie's company, and who had suffered the loss of both legs from a cannon shot, followed by amputation. The interest felt in him induced me to place a special nurse to prevent the approach of the flies. He was saved from the latter accident, but died in a few days, from his wounds.

Wounds of Thorax. Several recoveries from wounds through the thorax took place. Amongst them were

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*See Larry, (Memoirs of Military Surgery,) who recommends this practice.

†An analogous fact is quoted from Alanson by J. Bell.

Lieutenant Colonel Trimble, afterwards in the United States Senate from Ohio; and an Ensign of the 19th infantry. Bleeding to a very great extent, was used in all these cases. Lieut. Col. Trimble received a ball near the junction of the 5th costal cartilage with the sternum; the ball penetrated the lung and emerged from the back near the angle of the 5th rib. The hemhorrhage from the lung by the mouth was most copious, and at each expiration blood poured freely from the external wounds, which of course implied a large collection of it in the pleura. Dyspnœa, feeble pulse, and cold extremities, left him apparently but little chance of life, but on the fifth day the symptoms mitigated. He was bled in the subsequent twenty-two days, six times by his attending surgeon, Dr. Amos Trowbridge,* and finally recovered. While a member of the Senate of the United States, he died at Washington in 1822, from a pulmonary affection, brought on by exposure in the preceding season.

Wounds of the Abdomen. Wounds of the abdomen, and its contents were, in several instances, recovered from; amongst such were Lieutenant Cisna, of the 19th infantry, and a Sergeant White. In the first, the ball entered in the anterior part of his belly, below the naval, and came out near the spine; about six weeks afterwards a button was discharged from the wound, near the spine, which had been carried in along with the ball.

Amputations of the Leg. I did not see a case of recovery where amputation had been performed on both legs, or on both thighs, in one subject; but I saw a few recoveries *where* a leg and an arm, or two arms had been resected. Several double accidents of this kind happened during the seige of Fort Erie. In one instance, a cannon ball entered a hospital, and ranged along the feet of a row of bedsteads, carrying away several legs in its course. In another instance, a young rifleman of eighteen, belonging to Captain Irvine's company, had both his arms taken off above the elbow joint, by a cannon shot. The ball being nearly spent, he then started in pursuit of it, not appalled by what had happened, but continuing to kick it as an enemy until its motion gradually subsided. His gallantry and coolness on this occasion procured him the notice of several distinguished officers. I saw one case of recovery

* For details, see Bost. Med. and Surg. Jour. for 1838, p. 844.

from amputation at the shoulder joint. This operation was performed by Dr. Gales, of the 23d infantry, whose services and intrepidity gained a high distinction.

Lacerated Wounds. Some cures, from extensively lacerated wounds, took place; amongst them, J. King, a private in Captain Biddle's company of artillery. He had the whole posterior part of his thigh, from the buttock to the ham, torn up by the fragment of a shell, and the muscles laid bare, as in a dissection. This extensive wound, in which there was a great loss of integuments, cicatrized and got nearly well in three or four months. A private in the Infantry already alluded to, was scalped in a circular line, just above the tips of his ears. Granulations arose from the exposed surface of bone and pericranium, in a few days, and cicatrized very kindly; the discharge of pus was, for a long time, very considerable.—*Medical Examiner.*

New mode of taking Cod-Liver Oil. I have read Mr. Selwyn Morris's "New Mode of taking Cod-Liver Oil," and quite agree with his general principle of using a bitter infusion. I have been in the habit of recommending to my patients the use of pale or bitter ale as one of the best vehicles in which to take the oil, be it cod liver or castor. This description of ale being intensely bitter, and tonic to boot, from the large quantity of hops used in its manufacture, serves the purpose admirably; and another advantage is, that it can be obtained more readily than a quinine mixture or an infusion of quassia; and moreover, being a stimulant, the stomach is also beneficially excited to retain and digest the fatty oil. As an extempore vehicle, I have frequently used the concentrated infusion of gentian (of course, diluted) with good effect; but when there is time to prepare an infusion, I would certainly give the preference to the quassia.*—*Canada Med. Jour.*

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* Note.—We have received a letter recently from one of our patients who, whilst in Dublin, consulted Dr. Graves, was advised by him to take Cod-Liver Oil, in infusion of quassia, which, no doubt that eminent Physician has found to conceal the taste of that valuable though disagreeable remedy.

THE WESTERN JOURNAL.

THIRD SERIES.—VOL. XI.—NO. I.

LOUISVILLE, JANUARY 1, 1853.

A NEW MEDICAL JOURNAL.

What, *another Medical Journal!* will be the exclamation, we fancy, of many a reader, as his eye falls upon the above caption. Yes, gentle reader; it is proposed to add another to the long catalogue of American medical serials. Before us is the prospectus of the "*Virginia Medical and Surgical Journal,*" of which Drs. George A. Otis and H. L. Thomas, of Richmond, are to be the editors. The first number of the journal is to appear in April, and thereafter it is to be issued in monthly numbers of 80 large octavo pages, at $5. a year. Each number will be composed in part of a portion of some standard work in one of the departments of medicine. "The objects proposed in its publication are the diffusion of medical knowledge and intelligence, the advancement of science, and the support of the dignity and interests of the profession." We like the tone and style of the prospectus, and, from the place and terms of its publication, are free to say that we believe the Virginia journal will be true to these objects. We shall look with interest for its appearance, and in advance assure its editors of our best wishes for their success.

Since the above was written, we have received from Nashville the first number of the "*Southern Journal of the Medical and Physical Sciences*," edited by Drs. King, Jones, Curry, and Wood. It is to appear bi-monthly, at $2. a year, and will form an annual volume of 432 pages. The first number is well printed, on good paper, and makes a very creditable appearance. It contains articles from each of its editors, together with the usual proportion of selected matter. A peculiarity of this new candidate for public favor, is the number of its editors and the distribution amongst them of the several departments of the profession; Drs. King and Jones taking Practical Medicine, Dr. Curry, Chemistry and Pharmacy, and Dr. Wood, Dental Surgery. We incline to believe that this arrangement is judicious, and that it gives to the enterprise amid the great competition of the times increased chances for success.

But is it possible that all the journals in existence and contemplated, can live? Are they and will they be supported? We are no prophets and shall not attempt to foretell what will be the fate of many of our respected contemporaries; but we are sure we are fully warranted in saying, that at the present time their support is most inadequate. Hardly one comes to us in which there are not complaints that subscribers do not pay well. The cover of our own journal bears too frequent testimony to the tardiness with which the demands of our publishers are met. As a body, we take it that the medical editors of the United States labor for a smaller pecuniary remuneration than any other class of men in the community. The hope of such reward cannot be a motive to these enterprises.

The rapidity with which medical, literary, and political journals have been multiplied in our country during the present century, is one of the marvels of our wonderful age. Less than a century and a half ago, there was not a newspaper published in America. The Pilgrims had been nearly a hundred years in New England before the first, which was the Boston News Letter, was set on foot. Fifteen years afterwards one was started in Philadelphia, and six years later the first in New York was issued. South Carolina was without one until 1730, and the first were printed in Connecticut and New Hampshire less than a century ago. Now, "their name is legion"—they are thick as the leaves in Vallambrosa. If we do not, at this time, sustain a more prolific newspaper press than all the other nations of the earth besides, it is certain that we have far more newspapers than any single nation in the world; and the proportion of our medical journals is fully as great.

It was near the close of the last century when our first periodical devoted to medicine was established, and at that time there were few such journals in existence anywhere. The *Medical Repository* was begun at New York in 1798, and for fifteen years had no ally or rival in our country. From first to last, in fact, it may be said to have occupied the field alone, for while it went on to the completion of its twenty-third volume, its few contemporaries, after struggling on for a year or two, were discontinued for want of patronage. The *Medical Recorder* succeeded to the popularity of the Medical Repository, and thirty years ago, if not the only one in existence, was the only one that was widely circulated, or had any considerable duration. Another was at length established by its side in Philadelphia; and this still goes on under a new name, the largest, the most elaborate, and the best supported of all our professional serials. The *Boston Medical and Surgical Journal* in age ranks next to the *American Journal of the Medical Sciences*, and its accomplished and amiable editor, we believe, has been longer on the tripod than any of his brethren, and is therefore the patriarch of the fraternity.

Looking over our exchange list, we find that the number of our medical journals has now swelled to twenty eight, not to speak of those devoted to Pharmacy, Insanity, Dentistry, and the Sciences allied to medicine, or of that mongrel brood which defiles while professing to reform and advance our noble profession. Of these New York furnishes five, Pennsylvania four, Tennessee four, Ohio two, Louisiana two, Kentucky two, and Massachusetts, New Hampshire, New Jersey, Virginia, South Carolina, Georgia, Missouri, Iowa, and Illinois, each, one. All France and Great Britain together scarcely do more than this.

We have remarked, that most of these publications afford but too indubitable proof of insufficient pecuniary support. Most of them barely pay expenses, if, indeed, they are not a tax upon their conductors; and in this connection another question naturally suggests itself—*is their literary support any better?* We believe that no one, after a careful inspection of the weekly and monthly issues of our medical press, will answer this question in the affirmative. The pages of our journals testify to a sad deficiency of practised, competent contributors. Any one who will be at the trouble to estimate the proportion of "original" matter in them, one month with another, will find that it is small, and, what is worse, that the articles forming this department have too probably obtained admission, in many cases, for no better reason than the straitness

of the editor's supplies. A journal once launched forth must be continued to the end of the year, whether it has subscribers or not, and its pages must be filled with or without the aid of contributors. Publishing day comes round and the editor is not prepared for it; he racks his brains for matter, but discovers, at length, that his powers of production have their limits. His Hippocrene has run dry. In despair he seizes upon whatever may chance to lie within his reach, re-touches, or remodels it, vamps it up, and sends it forth among his "original" essays and cases.

We have often asked ourselves the question, where is this tending, and in what is it to end? There are certainly more journals than are demanded, and the number is not likely soon to grow less, but rather to increase. Few have been discontinued within the last ten years, and during that period one at least has been added annually to the list. But this very excess is attended with some advantages, one of which is, and it is a most important one, that it fosters and develops in our profession a taste and talent for writing. Hundreds of articles are prepared for the periodicals of the neighborhood, which would never be sent to a journal at a distance, and writers are thus found and brought out who otherwise would have spent their days in obscurity. In this way, too, the whole profession of the country is laid under contribution and its experience placed upon record. Cases of rare interest, facts having important practical bearings, are brought to light by this searching process which, in the absence of the competition, would probably remain unrecorded. And what though the history of them be given in uncouth phrases and an unpolished style? The function of the editor is to correct and improve these, and so that the matter be good, he can afford to be indulgent as to the rest.

We once heard of a correspondent of a western journal who, on the appearance of his first article in print, wrote a kind letter to the editor, in which he related the following anecdote: He had once a friend, he said, who concluded to buy a little horse at auction because he was going cheap—an ill-formed, starved, sorry looking little creature. He sent him to the country to be recruited. After a few weeks his pony was brought back to him, but so metamorphosed that he did not recognize him. He could hardly be persuaded that the plump, sleek animal before him was the shabby thing that he had a little while before dispatched to the country. We may add, that this correspondent was not discouraged by the liberties which the editor took with his manuscript, but has continued to write, and now when his papers return to him he has no diffi-

culty in recognizing them. We have no doubt but the experience of our brethren of the quill would furnish many similar instances. But all correspondents are not so reasonable, nor so improvable. What for example, could be made of a man who wrote thus?

"Dear Sir I wish you to Stop sending the Medical Journal to me for I will leave for oregon this Spring So close up for it is the no a countest thing I ever read it is at least 50 years behind the times you had better stop grinding or turn Eclectic then you will be a benefit to mankind

M. JEFFERIES M. D."

We think this rare literary specimen is worth preserving, and doubt much whether any of our brethren can furnish from their correspondence any thing to match it. *Dr. Jefferies*, it will be remarked, does not deign to make a stop in his letter. It is to be hoped that he did not stop till he got to Oregon.

In what we have written, it has been far from our purpose to repress the ardor of any of our friends about embarking in the business of editorship. We would rather applaud their spirit and cheer them on to the work. Tendering to them and to all our brethren—the editors of the old journals and of the new—of those in *posse* as well as of those in *Esse*—the compliments of the season, we wish them abundant success in their labors.

RICORD'S LETTERS ON SYPHILIS.

Our readers need not to be told that Ricord is the great authority on *Syphilis*. He has devoted himself almost exclusively to its investigation and treatment during his whole professional life under circumstances the most favorable to successful inquiry. He has seen the disease in all its varied aspects, daily and hourly, in hospital and private practice, for now many years. He has moreover all this time been a scientific investigator of the affection. He has looked at it with a curious eye and a resolute purpose to understand its nature, history, mode of propagation, and all the phenomena pertaining to it. That he has, therefore, attained a knowledge of the disorder exceeding that of his predecessors, and, perhaps, all his contemporaries, is what is to be expected. At an early day we purpose to give our readers some account of these "Letters," containing the author's latest views on the subject.

MR. WEBSTER'S BRAIN.

Dr. Jeffries, Mr. Webster's medical attendant has given, in the January number of the *American Journal of the Medical Sciences*, an account of the last illness of the great statesman, which we propose to copy in our next number. In the mean time we give the admeasurements of his brain, as taken by Dr. Wyman, who was present at the post mortem examnation.

Cuvier's brain is the largest of which we have any account in works on anatomy, and weighed 4 lbs., 5 drs., and 10 grs., or 28,147 grains. Mr. Webster's weighed 3 lbs., 15 ozs., 12 drs., or 27,891 grs—just 256 grains less than that of the renowned naturalist. Dupuytren is mentioned in several physiological works as having had a brain only a little less than that of Cuvier; but it turns out to have been inferior in size to that of Spurzheim and Abercrombie, and to have weighed 14 ozs. less than Mr. Webster's. The circumference of Napoleon's head is stated to have been 23 inches; that of Mr. Webster's was 23¾ inches. From ear to ear over the top of Cuvier's head was 15 inches; Mr. Webster's measured the same in that direction. The capacity of his cranium was 122 cubic inches, while of the 623 crania measured by Dr. Morton, the capacity of the largest was only 114 cubic inches. That of Mr. Webster exceded any which has yet been recorded. The brain evinced marks of disease, and it was remembered after his death that he had manifested a short time previously some hesitation of speech, and other slight indications of nervous disorder.

CARPENTER'S HUMAN PHYSIOLOGY.

The great popularity attained by Dr. Carpenter as a writer on Physiology renders any complimentary notice of his works quite a thing of supererogation. His standing is at least as high in our country as it is at home, and it is perfectly safe to say that no physiological writer in the English language has as many readers. Work after work has appeared from his prolific pen, and of the one before us, edition after edition, and each successive one has proved so excellent that the public has come to expect with interest whatever bears his name. He makes it a point to keep up with the progress of the science and to cause his works to reflect all the improvements in it; and withal the style in which he clothes his matter is so clear, graceful, and elegant, that one reads his volumes with delight.

His works are repositories of facts. He indulges but little in speculation, and devotes not much space to the conjectures of physiologists.

The present is the fifth American edition of Dr. Carpenter's Human Physiology, and has been remodelled to an extent which renders it almost a new work. He admits that in the progressive maturation of his views he has come to look upon many topics in a light very different from that under which he had previously regarded them—an admission which every writer on medicine must make who lives long and keeps his mind open to conviction. All that relates to our art and science is progressive, and he only can keep pace with them who is not too proud to confess that his judgment is fallible.

The additions which the author found it necessary to make to this work has swelled it into a volume of upwards of a thousand pages, and this may afford the reader some idea of the rapidity with which all the departments of our profession are advancing. The execution of their part by the publishers, Blanchard & Lea, is in the best style of American art. Any reader who desires a treatise on physiology may feel himself entirely safe in ordering this, as containing a full and faithful account of the science as it is.

WYTHE'S POCKET DOSE BOOK.

This is one of those cheap little manuals offered to the physician of which there are so many in our day. They are exceedingly convenient and useful to the practitioner whose business calls him far away from home and who cannot consult the authors in his library in every emergency. Such a manual as this —a *dose* and *symptom* book—which he could carry in his pocket would be most acceptable to the physician many times when in doubt. The contents are arranged alphabetically for convenient reference. It is offered to the profession by Lindsay & Blakiston, who, no doubt, will find ready sale for it.

PHYSICIAN'S VISITING LIST.

The publishers last mentioned have done the profession a service by issuing this little work, which is at once a visiting list, a diary, and a book of engagements. We recommend it to all our brethren, and believe that after using it they will not be willing to be again without it.

DEATH OF DR. B. F. WENDEL.

We have just received the painful intelligence of the death of this promising young physician, which occured at Harbor Island, on the 18th of December. Dr. Wendel graduated in the University of Louisville, in 1847, and shortly afterwards went to New York, where he obtained a situation in Bellevue Hospital, Ward's Island, and continued to labor among the diseased emigrants until compelled to retire in the spring of 1848 by his own declining health. After a few months residence in St. Louis, his desire to improve still further his knowledge of practical medicine induced him to return to New York, where he became engaged in the Hospital on Blackwell's Island. From New York he went to the Bahama Islands in 1849, and fell a victim to the Yellow Fever while toiling night and day to rescue those around him from the destroyer. A friend at Harbor Island gives the following account of his last days in the midst of the fearful epidemic by which he was surrounded:

"It was the request of your poor friend, Dr. Wendel, that I should write to you and acquaint you of his death. We have had Cholera raging amongst us for the last nine weeks.—You who know these Islands can easily imagine the fatigue the medical officer of this place must have undergone. Dr. W. had one slight attack of Cholera, but he was so anxious to be again at his duties, that he remained only one day and a half at home. Within a very short time he had an attack of fever, again in spite of the entreaties of his friends he ventured out too soon, and at another short interval had another but slighter attack of fever. These repeated illnesses must have materially impaired his strength, but his unwearying benevolence, his sympathy for the sufferings of those around him, made him utterly forgetful of himself. He had no peace, no rest at home, for the people came in dozens for medicine and advice. One day he looked so thoroughly exhausted; he said 'I never passed such a dreadful time, and if I cannot get sleep I must die.' All night the sound of his horse's feet could be heard amid rain, wind, thunder and lightning."

In the midst of such labors he was seized with yellow fever and carried off in a few days. Dr. Wendel was a thoroughly educated and skilful physician, and possessed of every noble and manly virtue.